



July 1, 2016

Randall Snyder
Division Director, Acute Care
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear Mr. Snyder,

I am requesting copies of the following:

1. Abortion facility license renewal applications for July 1, 2016 - June 30, 2017.
2. Hospital admitting privileges or doctor relationships documentation for licensure period July 1, 2016 - June 30, 2017.
3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 - June 30, 2017.
4. Copies of licenses for all abortion facilities for licensure period July 1, 2016 - June 30, 2017.

Please send to the address below or e-mail to cathie.humbarger@ichooselife.org.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to:
Cathie Humbarger, VP
Indiana Right to Life
2126 Inwood Drive
Fort Wayne, IN 46815

Sincerely,

A handwritten signature in cursive script that reads "Cathie Humbarger".

Vice President of Policy Enforcement
Indiana Right to Life



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

August 10, 2016

VIA U.S. FIRST-CLASS MAIL

Cathie Humbarger, VP
Indiana Right to Life
2126 Inwood Drive
Fort Wayne, Indiana 46815

**RE: Access to Public Records Request
Abortion Facility Licenses**

Dear Ms. Humbarger:

Pursuant to your request, the Indiana State Department of Health (ISDH) is providing copies of the following:

1. Abortion facility license renewal applications for July 1, 2016 – June 30, 2017.
2. Hospital admitting privileges or doctor relationships documentation for licensure period July 1, 2016 – June 30, 2017.
3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 – June 30, 2017.
4. Copies of licenses for all abortion facilities for licensure period July 1, 2016 – June 30, 2017.

The documents consist of 950 pages. At a cost of \$.10 per page, the cost of copying is \$95.00. The estimated cost for mailing is \$9.60. Therefore, the total cost of copying and mailing is \$104.60. Please remit payment upon receipt of these documents. Your check should be payable to the Indiana State Department of Health.



If you have any questions, please don't hesitate to contact me at 317-233-7107.

Sincerely,

A handwritten signature in cursive script that reads "Angela L. Becker".

Angela L. Becker
Litigation Liaison
Indiana State Department of Health
Office of Legal Affairs, 3-H
2 N. Meridian Street
Indianapolis, IN 46204
Phone: (317) 233-7107
Fax: (317) 233-7143
Email: abecker2@isdh.in.gov

cc: Randall Snyder, PT, MBA
Division Director Acute Care
Matthew Foster, Attorney
Litigation Chief, Office of Legal Affairs



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011133

RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Clinic For Women

Street Address (number and street)

3607 West 16th St Suite 2B

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46222

Telephone Number

(317) 955-2441

Fax Number

(317) 955-2687

Abortion Clinic e-mail address: cfw@clinic4women.net

Internet Web Address: www.clinic4women.net

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

P.O. Box

City

County

ZIP Code +4

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Counseling of Indiana

Street Address (number and street)

3607 West 16th Street

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46222

Telephone Number

(317) 955-2441

Fax Number

(317) 955-2687

EIN Number

351391714

Fiscal Year End Date (mm/dd)

12.31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 500894576 ☒ Radiology ☒ Counseling
☒ Family Planning ☒ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☒ Other (List): Abortion Services

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ Registered Nurses: ☐ Licensed Practical Nurses: ☐
Licensed Social Workers: ☐ Other (List title and number): 1 - Receptionist
3 - Surgical Assistants
3 - Medical Assistants
4 - Lab Techs
3 - Pt. Educators
2 - Specimen Techs

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	LaDonna Prince	
Vice-President/Vice-Chairperson/COO	Sally Boone	
Treasurer/CFO	Melissa Baker	
Secretary	Linda Williams	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

Name	Business Address/City/State/ZIP	EIN Number
LaDonna Prince	3407 W. 16 th St. Indpls, IN 46222	351391714
Dennis Nickle	3407 W. 16 th St. Indpls, IN 46222	351391714

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	<i>Raymond Robinson</i>
Printed Name and Title:	Dr. Raymond Robinson
Date of Signature (mm/dd/yyyy):	06.03.2016
Signature of the Clinic Administrator:	<i>LaDonna Prince</i>
Printed Name and Title:	LaDonna Prince
Date of Signature (mm/dd/yyyy):	06.03.2016

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).*
- 2. Any supporting attachments,*
- 3. For each physician performing procedures, either:*
 - (A) A copy (in writing) of the physician's admitting privileges; or*
 - (B) A copy of:*
 - (1) his/her written agreement with another physician with admitting privileges; and*
 - (2) a copy (in writing) of that physician's admitting privileges.*
- 4. Payment made payable to "Indiana State Department of Health."*

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011117

RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Bloomington

Street Address (number and street)

421 S. College Ave.

P.O. Box

City

Bloomington

County

Monroe

ZIP Code +4

47403

Telephone Number

(812)
336-
0219

Fax Number

(812)
336-
2401

Abortion Clinic e-mail address:

laura.miller@ppink.org

Internet Web Address:

www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s). 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ ^{1-APN} Registered Nurses: ☒ ² Licensed Practical Nurses: ☐ ¹

Licensed Social Workers: ☐ ⁰

Other (List title and number): 1 - Health Center Manager
5 - Health Center Assistants

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ ²

Moderate/Conscious Sedation ☐ ⁰

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

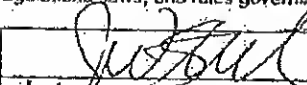
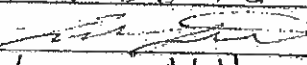
Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	John Stutsman, Medical Director
Date of Signature (mm/dd/yyyy):	5-20-16
Signature of the Clinic Administrator:	
Printed Name and Title:	Laura Miller, Health Center Manager
Date of Signature (mm/dd/yyyy):	5-20-16

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input checked="" type="checkbox"/>	Zero to 799	\$500.00
<input type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed *Application for License to Operate an Abortion Clinic (this form)*.
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011118
RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Indianapolis

Street Address (number and street)

8450 Georgetown Road

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46268

Telephone Number

(317)
872-
3115

Fax Number

(317)
872-
3188

Abortion Clinic e-mail address:

devyn.purtebaugh@ppink.org

Internet Web Address:

www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ 1-APN Registered Nurses: ☒ 3 Licensed Practical Nurses: ☐ 1

Licensed Social Workers: ☐ 0

Other (List title and number): 1- Health Center Manager
7- Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ 2

Moderate/Conscious Sedation ☒ 2

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated here under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

Signature of the Clinic Administrator:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
✓	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

013765

RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Lafayette

Street Address (number and street)

964 Mezzanine Drive

P.O. Box

City

Lafayette

County

Tippecanoe

ZIP Code +4

47905

Telephone Number

765
446-
8078

Fax Number

765
446-
8160

Abortion Clinic e-mail address: amber.kawlewski@ppink.org

Internet Web Address: www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☐ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ ^{APN} Registered Nurses: ☒ Licensed Practical Nurses: ☐

Licensed Social Workers: ☐

Other (List title and number):

1-Health Center Manager
3-Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

Signature of the Clinic Administrator:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input checked="" type="checkbox"/>	Zero to 799	\$500.00
<input type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

01/1/16

RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Merrillville

Street Address (number and street)

8645 Connecticut Street

P.O. Box

City

Merrillville

County

Lake

ZIP Code +4

46410

Telephone Number

(219)
769-
3500

Fax Number

(219)
791-
0538

Abortion Clinic e-mail address: jessica.stienbarger@ppink.org

Internet Web Address: www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ ^{APN} Registered Nurses: ☐ Licensed Practical Nurses: ☒

Licensed Social Workers: ☐

Other (List title and number):

1-Health Center Manager
7-Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

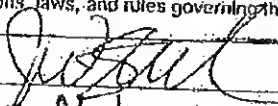
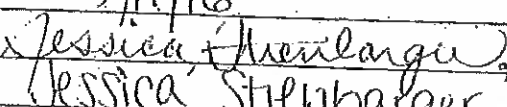
Name	Business Address/City/State/ZIP	FIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	John Stutsman, Medical Director
Date of Signature (mm/dd/yyyy):	5/19/16
Signature of the Clinic Administrator:	
Printed Name and Title:	Jessica Stienbarger, Manager
Date of Signature (mm/dd/yyyy):	5/19/16

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input type="checkbox"/>	Zero to 799	\$500.00
<input checked="" type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011128
RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Women's Med Group Professional Corporation

Street Address (number and street)

1201 N Arlington Ave

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46219

Telephone Number

(317)
353 9371

Fax Number

(513)
527 4221

Abortion Clinic e-mail address: martyh@fortemgt.com

Internet Web Address: www.womensmed.com

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

P.O. Box

43100

City

Cincinnati, OH

County

Hamilton (OH)

ZIP Code +4

45243

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Women's Med Group Professional Corporation

Street Address (number and street)

P.O. Box

43100

City

Cincinnati

State

OH

ZIP Code+4

45243-0100

Telephone Number

(513) 272 0002

Fax Number

(513) 272 0052

EIN Number

31-1148155

Fiscal Year End Date (mm/dd)

12/31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s). 2. Provided by a contract service. 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D353797 ☒ Radiology ☒ Counseling
☒ Family Planning ☒ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ Registered Nurses: ☒ Licensed Practical Nurses: ☐

Licensed Social Workers: ☐ Other (List title and number): _____

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (If the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	W Martin Haskell, MD	PO Box 43100 Cincinnati, OH 45243
Vice-President/Vice-Chairperson/COO		
Treasurer/CFO	Valerie Haskell	PO Box 43100 Cincinnati, OH 45243
Secretary	Valerie Haskell	PO Box 43100 Cincinnati, OH 45243

H. Ownership and/or Change In Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

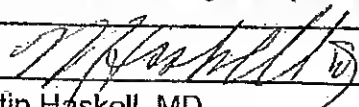
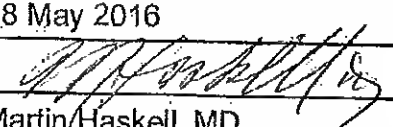
Name	Business Address/City/State/ZIP	EIN Number
W Martin Haskell, MD	PO Box 43100, Cincinnati, OH 45243	

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	Martin Haskell, MD
Date of Signature (mm/dd/yyyy):	28 May 2016
Signature of the Clinic Administrator:	
Printed Name and Title:	Martin Haskell, MD
Date of Signature (mm/dd/yyyy):	28 May 2016

See the following page for instructions regarding licensure fees and submission of this application.

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.12
Date

3-1-12
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women,

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DQ

Dear Sir/Madam:

Is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PFCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formented: Fornt Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present
Staff Status: Active
Department/Section: Family Medicine
Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

Is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/25/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I . I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

. MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40139
Name:

M. D.

Privileges Effective Date:
6/10/2016 thru 6/9/2018Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -A genital surgery, including ovarian cystectomy, oophorectomy, salpingostomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Culpecleisis -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (either than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Cervicography -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or peritubaral abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abdominal and dyalutational), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectocervix, ectocervix, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal hernia repair with another gynecologic procedure, Uterovaginal fistula, rectovaginal fistula repair, Vulva biopsy, Vulvectomy, simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (forceps delivery, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital disorders, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombolytic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide patient or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Gonadal intrafollicular transfer (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of infertility, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal ligation -Intra-abdominal transfer of</p> <p>EXCLUDING: Gonads intrafollicular (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of infertility, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, Intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

			gametes and oocytes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in normal or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/sling - Paravaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Scarapious ligament suspension - Multichannel urodynamic testing</p>	<p>EXCLUDED: Collagen injection, Paravaginal repair and Sacrocolpopexy</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 49601 A. D. 6/10/2015 thru 6/9/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomies (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myocutaneous flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinomas of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinomas of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy (as include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of intracavity radiation application -Salpingo-oophorectomies -Omentectomies -Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adhesiolysis surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of decidual masses -Cervical biopsy, including conization -Colposcleritis -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic -Hysteroscopy, (diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Mastopexy of Bartholin cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retrograde urethral suspension, sling procedure, Operations for treatment for benign pelvic disease; D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse; Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Inguinal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intubation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and midline deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, erythrocytosis, cardiac disease, anemia and</p>	

Physician Privileges

Page 3 of 3

			hematologic diseases, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block	
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40360 Name: IM D. Privileges Effective Date: 7/6/2013 thru 7/6/2017 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adhesiolysis, including ovarian adhesiolysis, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Cervical biopsy -Colposcopy -Cervical biopsy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metroplasty -Minor gynecological surgical procedures (condylar biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (total hysterectomy), Operation for treatment of urinary stress incontinence, vaginal approach, retractor, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse; Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Critical Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACOA accredited training program in cardiothoracic surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, head/neck surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Anesthesis or Oxytocin induction -Application of internal fetal and placental monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dation, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Meticulous induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after caesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/tilt - Perineal repair - Uterine artery ligation - Sacrospinous ligament suspension - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
" " Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID: 13243 Name: M. D. Privileges Effective Date: 2/10/2014 thru 2/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colpoplasty - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative laparoscopy (other than tubal sterilization) - Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, ectoperitoneum, endometriosis and adhesions - Endometrial ablation - Gynecologic radiography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or ablative including use of resection technique - I&D of Bartholin cyst or perineal abscess - I&D of pelvic abscess - Incidental appendectomy - Menopausal management of Bartholin cyst - Metoplastic - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other fertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterusacral vaginal, Uterovaginal fistula, Vaginalovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

History and physical exam -Amniocentesis -Amnioinfusion -Arniotomy or Oxytocin induction -Application of lumbar fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intubation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal amniotomy and postpartum care, postpartum complications, fetal damage -Manual removal of placenta, uterine curettage -Medications induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of forceps and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical solution IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block

Physician Privileges

Physician Privileges

Physician ID: 40139 Name: M. D. Privileges Effective Date: 6/10/2014 thru 6/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive system. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic ultrasonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplastic -Myomectomy, abdominal -Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix -Operation for sterilization (tubal ligation) -Operation for treatment of urinary stricture (neostoma: vaginal approach, retropubic urethral suspension, sling procedure) -Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy -Operation for uterine bleeding (abnormal and dysfunctional) -Operative Laparoscopy for pelvic pain and infertility -Repair of rectocele, enterocele, cystocele, or pelvic prolapse -Tuboplasty and other infertility surgery (not malcorrecting) -Unilateral & Bilateral Hernia Repair with another gynecologic procedure -Uterovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hypogastric artery ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The above privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or coablation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia (missed abortion, normal postpartum pattern, normal menses and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and umbilical deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, nonalcoholic liver disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Painless block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Gamete intrafallopian transfer (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of Menstrual, amenorrhea, hyperandrogenism, hyperprolactinemia, Luteal phase defect, ovulation induction, diagnosis and treatment of Menstrual, amenorrhea, hypoprolactinemia - Laparoscopic retrieval of oocytes -Ultrasonically guided retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubouterine anastomosis -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gamete intrafallopian (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of Menstrual, amenorrhea, hyperandrogenism, hyperprolactinemia, Luteal phase defect, ovulation induction, diagnosis and treatment of Menstrual, amenorrhea, hypoprolactinemia - Laparoscopic retrieval of oocytes -Ultrasonically guided retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			gametes and zygotes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen Injection - Perineovaginal urethral suspension/tilting - Perineovaginal repair - Uterosacral culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing	EXCLUDING: Collagen Injection, Perineovaginal repair and Sacrocolpopexy
		Submit		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT

PPMOTF CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/05

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will take care of your patients. We are the only ones taking.

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

FROM: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT
04/13/2016 18:30 FAX

RECEIVED FAX

DURATION
55

PAGES
1

STATUS
Received
00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at In
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Signature]

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

_____, Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
_____ has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KRISTI BLEDSOE, ADMINISTRATOR
ST VINCENT FRANKFORT HOSPITAL INC
1300 S JACKSON ST
FRANKFORT, IN 46041

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director



Indiana
A State that Works



Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERRENCE KLEIN, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE
1710 LAFAYETTE RD
CRAWFORDSVILLE, IN 47933

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director



Indiana
A State that Works



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERRANCE WILSON, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST
1701 S CREASY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DONALD CLAYTON, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL
5165 MCCARTY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1);
- where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JANE CRAIGIN, ADMINISTRATOR
ST VINCENT WILLIAMSPORT HOSPITAL INC
412 N MONROE ST
WILLIAMSPORT, IN 47993

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JEFFREY ZEH, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL
720 SOUTH SIXTH ST
MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director



Clinic

Clinic for Women

Boone

~~Hamilton~~

Hancock

Hendricks 2

Johansen 1

Marion 8

Morgan

Shelby

PPINKY Bloomington

Greene

Hendricks

Jackson

Johansen

Lawrence 2

Madison

Monroe

Putnam

PPINKY Indianapolis

~~Boone~~

~~Hamilton~~

Hancock

Hendricks

Johansen

Marion

Morgan

Shelby

Women's Med Group

Boore-

Hamilton

Maneek.

Hendricks

Johnson

Martin

Michigan

Shelby

PPINKY Merrillville

Jasper

~~Lake~~

PPINKY Lafayette

~~Clinch~~ 1

Montgomery 1

Tippecanoe 2

Warren

~~White~~



Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

SCOTT TEFFETELLER, ADMINISTRATOR
COMMUNITY HOSPITAL EAST
1500 N RITTER AVE
INDIANAPOLIS, IN 46219

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:


(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.


Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222



June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

: MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

|||||
PLANNED PARENTHOOD BLOOMINGTON
421 S.COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me,

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DQ

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at: In addition, my cell number is: Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling: Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formbook: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that, _____ M.D., does have admitting privileges at: _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III, A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

. MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr.. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____.
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear,

It is my pleasure to inform you that the Board of Trustees of _____
_____ has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____


Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DONALD FESKO, ADMINISTRATOR,
COMMUNITY HOSPITAL
901 MACARTHUR BLVD
MUNSTER, IN 46321

Dear Administrator:

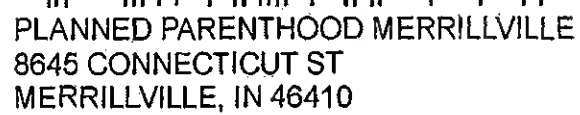
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1);
- where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the . . . is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M, D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Speciality	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Care Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adoptal surgery, including ovarian cystectomy, oophorectomy, salpingo-oophorectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colpocytology -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic IUD -Diagnostic and operative Laparoscopy (other than tubal resection) -Hysteroscopy -Hysteroscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis and infections -Endometrial ablation -Cervicography -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -MII of Bartholin's cyst or perineal abscess -MII of pelvic abscess -Incisional appendectomy -Mastopexy -Mastopexy of Bartholin's cyst -Mastopexy -Minor gynecological surgical procedures -Endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, intrapubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: IUD with contraceptive, Laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine & Incisional Hicula Repair with another gynecologic procedure, Hysteroscopic vaginal, Uterovaginal fistula, Vagovaginal fistula, Uterovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple</p>	EXCLUDING: Vaginal Hysterectomy, including hysterostomy and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Amniocentesis. -Amnio infusion. -Amniotomy or Oxytocin induction. -Application of internal fetal and uterine monitors. -Augmentation and induction of labor by use of Oxytocin. -Cesarean hysterectomy, cesarean section. -Cordage. -Cervical biopsy or conization of cervix in pregnancy. -Circumcision of newborn. -External version of breech. -Hypogastric artery ligation. -Immediate care of the newborn (including resuscitation and intubation). -Interpretation of fetal monitoring. -Low or mid forceps delivery, including rotations. -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, fetal brachio bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities. -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise. -Manual removal of placenta, uterine curettage. -Medication to induce fetal lung maturity. -Normal spontaneous vaginal delivery. -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques. -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction). -Performance of breech and multifetal deliveries. -Pudendal and paracervical blocks. -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations. -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital defects, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion. -Vaginal birth after cesarean section (VBAC). -Vagotomy and repair. -Spontaneous vaginal delivery. -Anesthesia and analgesia: 1. Paracervical anesthesia IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block.</p>	
<p>Physician Privileges AHPCH (VH) 2009</p>	11	<p>Reproductive Endocrinology Core Privileges</p>	<p>Adult patients, diagnose, treat and provide dependent or supervised consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Gonadotropin releasing hormone (GnRH) analogs. -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperprolactinemia. -Laparoscopic retrieval of oocytes. -Ultrasound retrieval of oocytes. -Technique of IVF including zona manipulation/intravaginal ova harvesting, embryo transfer. -Microsurgical tubal reanastomosis and tubal occlusion. -Intra-abdominal transfer of</p>	<p>EXCLUSION: Gonadal dysfunction (G.I.F.T.), infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperprolactinemia, laparoscopic retrieval of oocytes, ultrasound retrieval of oocytes, technique of IVF including zona manipulation/intravaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	gametes and oocytes - Culture and fertilization of oocytes Assess, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in normal or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: - Cystoscopy - Cystostomy/Urethrotomy - Collagen injection - Fibrovaginal mesh - Suspension/tilting - Perineal repair - - Uterine artery embolization - Sacrocolpopexy - Sacrospinous ligament suspension - - Multichannel urodynamics testing	oocytes - Culture and fertilization of oocytes EXCLUDING: Collagen injections, Perineal repair and Sacrocolpopexy
--	---	-------------------------------	--	--

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
49801

Name

J. D.

Privileges Effective Date
6/10/2015 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -</p> <p>Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myomectomy flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic manurectomy (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, proter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of brachytherapy radiations applicators -Subpinp -Oophorectomies -Omentectomies -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, stoma/stoma formation of small bowel, omentectomy, repair of fistulas, resection and reanastomosis of large bowel</p>	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Aesthetic surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysteroscopy, abdominal, vaginal, including</p>	

Physician Privileges

Page 3 of 3

			<p>Pharmacologic, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Peritoneal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/urethrotomy - Collagen injection - Perineal repair - Uterine prolapse suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire:

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID	Name	Physician ID	Privileges Effective Date	Status
40760	M.D.	7/6/2013 thru 7/5/2017	Active	
Division Specialty	Privilege Number	Section Description	Privileges Description	Notes
*Obstetrics & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Admitted surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Conical biopsy, including conization -Colposcopy -Cervicoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic endoscopy -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -L&O of Bartholin's cyst or perineal abscess -L&O of pelvic abscess -Incisional appendectomy -Mastopexy -Mastopexy of Bartholin's cyst -Mastopexy -Minor gynecological surgical procedures (condomectomy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endocervix, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retrograde urethral suspension, sling procedure, Operations for treatment for benign pelvic disease; D&C with contraception, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, endometriosis, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with associated gynecologic procedure, Thoracoabdominal vaginal, Uterovaginal fistula, Vagino vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginitis, simple	
*Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System C&R: Training Requirements: 1. Must be a Licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACHS/ACCME accredited training program in cardiovascular surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-approved training course in the safe use of the robotic surgical system which must include on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon. OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 2. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An Idealized proctor for two (2) cases by a second surgeon is the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or this Credentials and Professional Standards Committee. OR 3a proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages; and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges to this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills: -Performance of cesarean and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervix -Cervical biopsy or dilation of cervix to pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm delivery, normal miscarriage and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstructed deliveries procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>procedures of or cervical or vaginal lacerations - prevention of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after caesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Pre-entanal sedation IM & IV, 2. Local 3. Pudend block 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	2	Urogynecology Care Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/Cystostomy - Collagen injection - Pubovaginal medial suspension/tilt - Paravaginal repair - Uterine suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Care Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, hysterologic conization -Colposcopy -Colposcopy -Cervix -Cervix as part of gynecological procedure -Hysterectomy and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometrial and adnexal -Endometrial ablation -Gynecologic radiography -Hysteroscopy, abdominal, vaginal, including laparoscopy -Hysteroscopy, diagnostic or ablative including use of resection techniques -LAP of Bartholin's cyst or perianal abscess -LAP of pelvic abscess -Incisional appendectomy -Marsupialization of Bartholin's cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, nephrostomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other fertility surgery (not interventional), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterus/vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

delivery and physical exam - Anesthesiologists - Amniotic
 infusion - Amniotomy or Oxytocin induction -
 Application of internal fetal and maternal monitors -
 Augmentation and induction of labor by use of
 Oxytocin - Cesarean hysterectomy, cesarean
 section - Cervix - Cervical biopsy or conization of
 cervix in pregnancy - Circumcision of newborn -
 External version of breech - Hypogastric artery
 ligation - Immediate care of the newborn (including
 resuscitation and stabilization) - Interpretation of fetal
 monitoring - Low or mid forceps delivery, including
 rotation - Management of high risk pregnancy
 inclusive of such conditions as pre-eclampsia, preeclampsia,
 third trimester bleeding, intrauterine growth
 retardation, premature rupture of membranes,
 premature labor, and multiple gestation and
 placenta abnormalities - Management of patients
 with/without medical surgical or obstetrical
 complications in normal labor including mild
 dystocia, threatened abortion, normal postpartum
 period, normal amputation and postpartum care,
 postpartum complications, fetal demise - Manual
 removal of placenta, uterine curettage -
 Medical/surgical induction of labor - Normal
 spontaneous vaginal delivery - Obstetrical
 diagnostic procedures, including ultrasonography
 and other relevant imaging techniques - Operative
 vaginal delivery (including forceps, vacuum
 extraction, breech extraction) - Performance of
 breech and multi-fetal deliveries - Pudendal and
 perineal blocks - Repair 4th degree perineal
 lacerations or of cervical or vaginal lacerations -
 treatment of medical complications of pregnancy
 including pregnancy induced hypertension, chronic
 hypertension, diabetes mellitus, renal disease,
 coagulopathy, cardiac disease, anemia and
 hemoglobinopathies, thyroid disease, sexually
 transmitted disease, pelvic inflammatory disease,
 thrombocytopenic disorders, infectious disease,
 ectopic pregnancy and other accidents of
 pregnancy, such as incomplete, complete or missed
 abortion - Vaginal birth after cesarean section
 (VBAC) - Episiotomy and repair - Spontaneous
 vaginal delivery cephalic - Anesthesia and
 analgesia: 1. Perineal sedation IM & IV; 2.
 Local; 3. Pudendal block; 4. Perineal block

Physician Privileges

Physician Privileges

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adopt, evaluate, diagnose, treat, and provide consultation, pre- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam - A genital surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cytoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Electrosurgery laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions - Endometrial ablation - Gynecologic ultrasonography - Hysteroscopy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or operative including use of resection technology - I&D of Bartholin's cyst or perineal abscess - I&D of pelvic abscess - Incisional appendectomy - Manipulation of Bartholin's cyst - Metastasis - Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Salpingectomy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary tract incontinence: vaginal approach, retrograde surgical suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with coagulation, Laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not endometrial). Unilateral & bilateral Hysterectomy. Repair with another gynecologic procedure. Uterovaginal fistula, Uterovaginal fistula repair. Vaginal biopsy. Vaginoscopy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adopt, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hysterectomy, uterine ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The other privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Paritocision of history and physical exam -Amniocentesis -Amnioinfusion -Antenatal or Oxytocin infusion -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, tubal ligation -Cervical -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical or surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal oligomenorrhea and postmenstrual amenorrhea, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, preeclampsia, eclampsia, anemia and hemophiliacities, thyroid disease, sexually transmitted disease, pulmonary disease, thrombocytopenic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation III & IV; 2. Local; 3. Epidural Block; 4. Paravertebral block</p>
Obstetrical Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide assistance or consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Chronic intrauterine transfer (I.U.T.) - Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, hyperproliferation, laparoscopic removal of oocytes, ultrasound removal of oocytes, Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, Microsurgical tubal reanastomosis and tubularization -Intra-abdominal transfer of</p>

EXCLUDING: Genetic Surrogate (G.I.F.T.) - Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, laparoscopic removal of oocytes, Ultrasound removal of oocytes, Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, Intra-abdominal transfer of gametes and

Physician Privileges

			Spermatozoa and oocytes - Culture and fertilization of oocytes	Spermatozoa - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2008	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to deliver or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineovaginal medical suspension/repair - Perineovaginal repair - Uterine and outpouching - Sacrocolpopexy - Sacrospinous ligament suspension - Vaginal canal myodynamic testing	EXCLUDING: Collagen injection, Perineovaginal repair and Sacrocolpopexy
		Subtotal		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

PRIVATE CSTD

DURATION
139

PAGES
6

STATUS
Received

PAGE 81/86

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please Send to ER & one of us will
Sincerely, take care of your patients.
we are the only ones taking
on call

MD

MD

Phone: _____

07/14/2015 15:35

07/14/2015 15:59

PAGE 02/02

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD
Phone: _____

_____, MD
Phone: _____

MD
Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

DEWING CTR

DURATION
55

PAGES
1

STATUS
Received
00001/0001

04/13/2016 16:30 FAX

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KATHLEEN KRUSIE, ADMINISTRATOR
COMMUNITY HOSPITAL NORTH
7150 CLEARVISTA DR
INDIANAPOLIS, IN 46256

Dear Administrator:


Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1);
- where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2-10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date _____

3.1.14

MD _____

Date _____

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

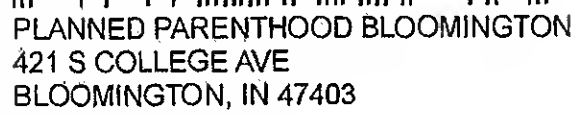
Date

7/7/2014

MD

Date

July 7, 2014



BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DQ

Dear Sir/Madam:

_____ is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at _____ and _____ in _____
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician of the only hospital in this hospital is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution, DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at: _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

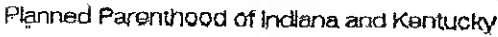
I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



MD

. MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
. . . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email, Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal servicee patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ in
_____ has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at: _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TONY LENNEN, ADMINISTRATOR
COMMUNITY HOSPITAL SOUTH
1402 E COUNTY LINE RD S
INDIANAPOLIS, IN 46227

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

|||||
PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is (. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Planned Parenthood of Indiana

Dear Dr. [redacted] and Dr. [redacted]


I have admitting privileges at _____ I and _____
 If the covering GYN physician or the _____ of these hospitals is
 uncomfortable with any postabortal services, patient from Planned Parenthood of
 Indiana (PPPI) needing admission, I will assume care of that patient, and will
 arrange patient admission and care for each patient needing my services according
 to each patient's need.

Formatbook: Kont: Century Schoolbook

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling: Please provide the
patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Sincerely,



PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health
RE: :

Dear Sir/Madam:

Our facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____) _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
....., I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

.....
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
. . . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

Re: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

LISA HARRIS, ADMINISTRATOR
ESKENAZI HEALTH
720 ESKENAZI AVENUE
INDIANAPOLIS, IN 46202

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

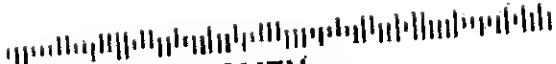
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g., nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 -2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

: MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date 3-1-14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

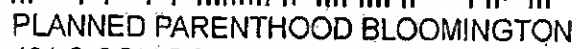
Date

7/7/2014

MD

Date

July 7, 2014



© 2000 by John Wiley & Sons, Inc. All rights reserved. This journal is registered at the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. Organizations in the USA who are also registered with the Copyright Clearance Center may therefore copy material (beyond the limits permitted by sections 107 and 108 of US copyright law) subject to payment to CCC of the per copy fee of \$05.00. This consent does not extend to multiple copying for promotional or commercial purposes. ISI Tear Sheet Service, 3501 Market Street, Philadelphia, PA 19104, USA, is authorized to supply single copies of separate articles for private use only. Organizations authorized by the Copyright Licensing Agency may also copy material subject to the usual conditions. For all other use, permission should be sought from John Wiley & Sons, Inc. or the appropriate copyright owner. This journal is registered at the Library of Congress, 100 Congress Street, Washington, DC 20540. ISSN 0893-4649. POSTMASTER: Send address changes in USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons, Inc., 605 Third Street, New York, NY 10158-1006. Outside the USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD, England. Periodicals postage paid at New York, NY, and at additional mailing offices. Postmaster: Send address changes in USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons, Inc., 605 Third Street, New York, NY 10158-1006. Outside the USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD, England. POSTMASTER: Send address changes in USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons, Inc., 605 Third Street, New York, NY 10158-1006. Outside the USA to *Journal of Polymer Science: Part A: Polymer Chemistry*, John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD, England.

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the only physician of this hospital is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From: Friday, June 10, 2016 12:42 PM
Sent: Snyder, Randall
To: RE: Privilege Verification
Subject:

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at: _____ He is due for reappointment by February 1, 2017:

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: (_____)_____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr.: _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
_____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

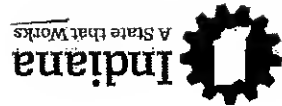
Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

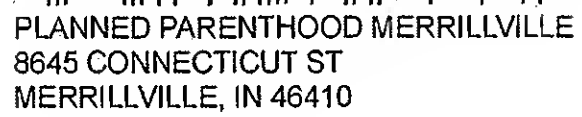
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN HEALTHCARE - MUNSTER
701 SUPERIOR AVE
MUNSTER, IN 46321

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer
Governor
Michael R. Pence
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the . . . is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40139 Name: M. D. Privilege Effective Date: 6/10/2016 thru 6/9/2018 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Mammograms -History and physical exam -Adipex surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal resection) -Diagnostic laparoscopy, for diagnosis and treatment of pelvic pain, pelvic masses, endometriosis, endometriosis and adhesions -Endometrial ablation -Cervical intraepithelial neoplasia -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -R&D of Bartholin's cyst or perineal abscess -R&D of pelvic abscess -Incisional appendectomy -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of uterine artery aneurysm; vaginal approach, intrapubic medial suspension, sling procedure, Operations for treatment for benign pelvic disorder: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, uterovaginal, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & Bilateral Hysteropexy with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple	EXCLUDING: Vaginal Hysterectomy, including hysteropexy and Uterovaginal fistula
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation in female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

		that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Clotomectomy of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal patient, normal onset/parturition and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, eclampsia pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Vaginal delivery and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Paracervical block IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block	
*Obstetrics/Gynecology APPROVED 2008	11	Reproductive Endocrinology Core Privileges: Admit, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic karyotyping transfer (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperprolactinemia, hyperandrogenism, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of	EXCLUDING: Ovarian stimulation (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperprolactinemia, hyperandrogenism, hyperprolactinemia -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>gametes and oocytes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to:</p> <ul style="list-style-type: none"> Cystoscopy - Cystectomy/cystostomy - Collagen Injection - Pubovaginal urethral suspension/ sling - Paravaginal repair - Uterovaginal prolapse suspension - Sacrocolpopexy - Transvaginal ligament suspension - Multichannel urodynastic testing 	<p>oocytes - Culture and fertilization of oocytes</p> <p>EXCEPTIONS: Collagen injection, Paravaginal repair and Sacrocolpopexy</p>
--	---	-------------------------------	--	--

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49601 Name: J. D. Privileges Effective Date: 6/10/2015 thru 6/9/2017 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vagina, and vulva and the performance of procedures on the bowel, rectum, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Mitomycin -Myometrium flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic reconstruction (anterior, posterior, total) -Radical hysterectomy, vulvectomy and vaginectomy by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal in situ implants -Insertion of intra-cavity radiation application -Salpingo-oophorectomy -Omentectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resection and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulae, resection and reconstruction of large bowel	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic manometry -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p>Endoscopic - Hysteroscopy, diagnostic or ablative excluding use of resection technique - M&D of Bartholin cyst or perineal abscess - M&D of pelvic abscess - Incidental appendectomy - Metaplastic of Bartholin cyst - Microplasty - Minor gynecological surgical procedures (condominal biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Microplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease, D&C with coagulation, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterine/vaginal, Uterine/vaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the basic techniques and skills. - Performance of history and physical exam - Amniocentesis - Amniotic infusion - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Caesarian hysterectomy, caesarean section - Cordage - Cervical biopsy or removal of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and intubation) - Interpretation of fetal monitoring - Low or mid forceps delivery, including rotations - Management of high risk pregnancy exclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal ante-partum and post-partum care, post-partum complications, fetal demise - Manual removal of placenta, uterine curettage - Medications to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Perforation of breech and multifetal deliveries - Pudendal and paracervical blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathy, cardiac disease, anemia and</p>

Physician Privileges

Page 3 of 3

			<p>hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombocytopenia disorders, infectious disease, ectopic pregnancy and other anomalies of pregnancy, such as incomplete, complete or missed abortions - Vaginal birth after cesarean section (VBAC) - Episiotomy and repairs - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paracervical block; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	N	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystoscopy/cystourethrogram - Collagen injection - Pelvic support surgical suspension/repair - Paravaginal repair - Uterine sacral colpopexy - Sacrospinous ligament suspension - Multichannel dynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID NAME Privileges Effective Date Status
40360 JIM D. 7/6/2013 thru 7/6/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2000	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultations, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Cryotherapy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, ectopic pregnancy, endometriosis and subserosa -Endometrial ablation -Gynecologic sonography -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin cyst -Metropathy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metropathy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedures, Operations for treatment for benign pelvic disease: D&C with contraception, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, enterovaginal, cystovaginal, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine atresia at incisional Hernia Repair with another gynecologic procedure, Uterine vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics/Gynecology APPROVED 2000	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a Licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACHME/ACCA accredited training program in cardiovascular surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, thoracic surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the ILSA-mandated training course in the utilization of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon. OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Privileges Standards Committee. OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical illnesses that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical -Cervical biopsy or dilation of cervix to pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including ventouse -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-date, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal aspartate and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical supportive procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of hysterectomy and multifetal deliveries -Amniotic and perineal blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, respiratory disease, cardiac disease, thrombotic and hemorrhagic disorders, thyroid disease, sexually transmitted diseases, pulmonary disease, immunodeficient disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Epidural and vaginal - Spinal anesthesia vaginal delivery cephalic - Anesthesia and analgesic: 1. Parenteral sedation IM A, IV; 2. Local: 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystoscopy/cystostomy - Collagen injection -Perineoplasty -Vaginal reconstruction -Vaginal repair -Uterine suspension -Sacrospinous ligament suspension - Sacrospinous ligament suspension -Multichannel urodynami c testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privilege Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Care Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the urinary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for ectopic pregnancy -Aspiration of uterine masses -Cervical biopsy, including conization -Colposcopy -Colporrhaphy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and salpingitis -Endometrial ablation -Hysteroscopic menorrhagia -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative (excluding use of resection techniques -D&C or electrocautery or polypectomy -D&C of pelvic masses -Incisional appendectomy -Myomectomy of the uterus -Myomectomy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Adenomyectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix; Operation for sterilization (tubal ligation); Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure; Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional); Operative Laparoscopy for pelvic pain and infertility; Repair of ectopic, enterocolic, cystocolic, or pelvic prolapse; Tuboplasty and other fertility surgery (not microsurgical); Umbilical & Inguinal Hernia Repair with another gynecologic procedure; Uterine and vaginal, Menovaginal masses, Vaginal and vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, whether provide medical and surgical care of the female reproductive system and associated disorders, including major medical obstetrics that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

history and physical exam - Amniocentesis - Amnio-
 infusion - Amniotomy or Oxytocin induction -
 Application of internal fetal and uterine monitors -
 Augmentation and induction of labor by use of
 Oxytocin - Cesarean hysterectomy, cesarean
 section - Cervix - Cervical biopsy or conization of
 cervix in pregnancy - Circumcision of newborn -
 External version of breech - Hypogastric artery
 ligation - Immediate care of the newborn (including
 resuscitation and intubation) - Interpretation of fetal
 monitoring - Low or mid forceps delivery, including
 rotational - Management of high risk pregnancy
 inclusive of such conditions as pre-eclampsia, post-
 eclampsia, third trimester bleeding, intrauterine growth
 retardation, premature rupture of membranes,
 premature labor, and multiple gestation and
 placenta abnormalities - Management of patients
 with/without medical, surgical or obstetrical
 complications for normal labor including mild
 toxemia, threatened abortion, normal placent
 previa, normal amniotomy and postpartum care,
 postpartum complications, fetal demise - Manual
 removal of placenta, uterine curettage -
 Medication to induce fetal lung maturity - Normal
 spontaneous vaginal delivery - Obstetrical
 diagnostic procedures, including ultrasonography
 and other relevant imaging techniques - Operative
 vaginal delivery (including forceps, vacuum
 extraction, breech extraction) - Performance of
 breech and multiple fetal deliveries - Pudendal and
 paracervical blocks - Repair 4th degree perineal
 lacerations or of cervical or vaginal lacerations -
 Treatment of medical complications of pregnancy
 including pregnancy induced hypertension, chronic
 hypertension, diabetes mellitus, renal disease,
 hemoglobinopathies, cardiac disease, anemia and
 hemoglobinopathies, thyroid disease, sexually
 transmitted disease, pulmonary disease,
 thromboembolic disorders, infectious disease,
 ectopic pregnancy and other accidents of
 pregnancy, such as incomplete, complete or missed
 abortion - Vaginal birth after cesarean section
 (VBAC) - Episiotomy and repair - Spontaneous
 vaginal delivery cephalic - Anesthesia and
 analgesia: 1. Paracervical sedation IM & IV; 2.
 Local: 3. Pudendal block; 4. Paracervical block

Physician Privileges

Physician Privileges

Physician ID	Name	M.D.	Privileges Effective Date	Status
40119			6/10/2014 thru 6/9/2016	Active
Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admin, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the secondary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. Aspiration of breast masses. Cervical biopsy, including conization. Colposcopy. Colposcopy. Colposcopy. Cystoscopy as part of gynecological procedure. Diagnostic and therapeutic D&C. Diagnostic and operative L. laparoscopy (other than tubal sterilization). Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometrial lesions and adhesions. Endometrial ablation. Gynecologic ultrasonography. Hysteroscopy, abdominal, vaginal, including laparoscopy. Hysteroscopy, diagnostic or operative including use of resection techniques. I&D of Bartholin's cyst or perineal abscess. I&D of pelvic abscess. Incisional appendectomy. Menopausalization of Bartholin's cyst. Metoprosty. Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, curettage of Bartholin's cyst and abscess) - hysterectomy, myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or ovary. Operation for sterilization (tubal ligation). Operation for treatment of primary stage neoplasms: vaginal approach, intrapelvic medial approach, sling procedure. Operations for treatment of benign pelvic disease: D&C with conization, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not radiological). Umbilical & incisional Hernia Repair with another gynecologic procedure. Uterovaginal fistula. Uterovaginal fistula. Uterovaginal fistula repair. Vaginal biopsy. Vaginitis, simple</p>	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admin, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hysterectomy, uterine ligation

Physician Privileges

		<p>that are complicating factors in pregnancy. The listed privileges in this specialty include the procedures listed and such other procedures that are extensions of the basic techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniocentesis or Chorionic biopsy -Application of internal fetal and maternal monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -traumatic care of the newborn (including resuscitation and intubation) -Intracranial pressure monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with various medical, surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, placental abruption and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, Vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Rudolf and obstetrical blocks -Repeat 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, nonproteinuric, essential disease, anemia and hemoglobinopathy, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as toxicosis, toxoplasmosis or toxemia -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Perineal anesthesia 2nd & 3rd; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	<p>Reproductive Endocrinology Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide pre-pregnancy or postpartum consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Gonadal hormone therapy (G.H.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferative disorders, amenorrhea, hyperproliferative disorders -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte retrieval, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gonadal hormone therapy (G.H.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferative disorders, amenorrhea, hyperproliferative disorders -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte retrieval, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			Spermatozoa and oocytes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative and necessary to assist or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy -Cystostomy/cystostomy -Collagen injection -Perineal/anal medical suspension/repair -Perineal repair - Uterine/ovarian suspension -Sacrocolpopexy - Sacrospinous ligament suspension - Multi-funnel, hydrodynamic testing	EXCLUDING: Collagen injection, Perineal repair and Sacrocolpopexy
		Submit		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT

PERMITE CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
We are the only ones taking
ER calls

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

April 13, 2016 4:27:44 PM EDT

RECEIVED FROM

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:30 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



**Indiana State
Department of Health**
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN ST MARGARET HEALTH - HAMMOND
5454 HOHMAN AVE
HAMMOND, IN 46320

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HBA 1337; IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



Indiana
A State that Works

|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 15:04 FAX

Physician Services

0001/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are cognate to the same techniques and skills. -Performance of history and physical exam. -Adopted surgery, including ovarian cystectomy, oophorectomy, salpingo-oophorectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of breast masses. -Cervical biopsy, including conization. -Colposcopy. -Colposcopy. -Colposcopy. -Cystoscopy as part of gynecological procedure. -Diagnostic and therapeutic D&C. -Diagnostic and operative Laparoscopy (other than tubal ligation). -Hysteroscopy. -Hysteroscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis and adhesions. -Endometrial ablation. -Gynecologic laparoscopy. -Hysterectomy, abdominal, vaginal, including laparoscopic. -Hysterectomy, diagnostic or ablative including use of resection technique. -LAP of Bartholin's cyst or peritoneal abscess. -LAP of pelvic abscess. -Incisional appendectomy. -Mastectomy of Bartholin's cyst. -Mastectomy. -Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess). -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endocervix, cervix, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of uterine stress incontinence, vaginal approach, intravaginal urethral suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with coagulation, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingo-oophorectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of ectopic, ectopic, ectopic, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Incisional Hernia Repair with another gynecologic procedure, abdominal vaginal, Microsurgical fistula, Vaginal vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and Microvagina fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation in female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are cognate with the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy of contusion of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, transient complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Perineal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital heart disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Paracervical block; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2006	11	Reproductive Endocrinology Core Privileges	<p>Adapt, evaluate, diagnose, treat and provide important or required consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic karyotyping and transfer (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Laparoscopic intra-abdominal transfer of</p>	<p>EXCLUDED: Genetic karyotyping (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation -Laparoscopic retrieval of oocytes, ultrasound retrieval of oocytes, technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Gametes and oocytes - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre, intra, and post-operative care necessary in treated or treated female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/hysteroscopy - Collagen injection - Pubovaginal urethral suspension - Perineal repair - Uterine artery embolization - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamics testing	Oocytes - Culture and fertilization of oocytes HXCT/AMNAGE Collagen injections, Perineal repair and Sacrocolpopexy
--	---	-------------------------------	---	---

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 496011
Name: A. D.Privileges Effective Date:
6/10/2015 thru 6/9/2017Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	<p>Adult evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva and vagina and the performance of procedures on the bowel, ureters, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myocutaneous flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic lymphadenectomy (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of metastatic disease with chemotherapy as include gestational trophoblastic disease -Uterine/vaginal intrauterine implants -Insertion of intra-cavity radiation application -Salpingo-oophorectomy -Ovarioectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formations of small bowel, ileostomy, repair of fistulas, resection and reanastomosis of large bowel.</p>	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult evaluate, diagnose, treat, and provide consultation, pre- intra- post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic I&A -Diagnostic and operative laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Hysteroscopic ablation -Hysteroscopic menorrhagia -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic-Hysteroscopy, diagnostic or ablative excluding use of resection technique -M&D of Bartholin cyst or perineal abscess -M&D of pelvic abscess -Incidental appendectomy -</p> <p>Mastopexy/Mastectomy of Bartholin cyst -Mastopexy -</p> <p>Major gynecological surgical procedures (cervical biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment of benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, endometriosis, cystitis, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Absent, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or dilation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal antepartum and postpartum care, postpartum complications, fetal deaths -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, toxoplasmosis, venereal disease, anemia and</p>

Physician Privileges

Page 3 of 3

			<p>hematopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after caesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Perineural sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/Cystostomy - Collagen Injection - Prolapsed vaginal siminal suspension/repair - Paravaginal repair - Uterine sacral colporrhaphy - Sacrocolpopexy - Sacrospinous ligament suspension - Multibeam ultrasound testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40360

Name

(M.D.)

Privileges Effective Date
7/6/2013 thru 7/6/2017Status
Active

Physician Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2019	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultations, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the gastrointestinal system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and obstructive procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Contraceptive biopsy, including contraception -Colposcopy -Conization -Colposcopy -Cervical biopsy as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, the diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometrial and subserosal -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, laparoscopic -Hysteroscopy, diagnostic or ablation including use of resection technique (AR) of Bartholin's cyst or perineal abscess -AR of pelvic abscess -Incidental appendectomy -Mastopexy -Mastopexy of Bartholin's cyst -Metopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy, Operation for uterine bleeding (abdominal and hysterectomy), Operative Laparoscopy for pelvic pain and infertility, Repair of metocoe, enterocoe, cystocoe, or pelvic prolapse, Tuboplasty and other infertility surgery (not microvascular), Unilateral & bilateral Hysterectomy with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginal biopsy, simple	
*Obstetrics & Gynecology APPROVED 2019	21	Non Core Privileges	da Vinci Surgical System Criteria: Training Requirements: 1. Must be a Licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACCA accredited training program in cardiothoracic surgery, general surgery including colorectal surgery, gynecology or urology, orthopedics, bariatric surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedure. 4. Documentation of satisfactory completion of the MDA-mandated training course in the use of the robotic surgical system which must include an on-site system training phase and off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 2. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, hysterectomy -Cervical -Cervical biopsy or dilation of cervix in pregnancy -Chromosomal of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-date, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm period, normal aspartate and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multilobal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, rheumatoid arthritis, cardiac disease, epilepsy and hemoglobinopathies, thyroid disease, scrubby transmitted disease, pulmonary disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as miscarriage , complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Pudendal sedation III & IV; 2. Local 3. Pudendal block; 4. Perineal block	
Obstetrics/Gynecology APPROVED 2008	9	Urogynecology Care Privileges	Assess, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystourethroscopy/cystostomy - Collagen injection -Perineal anal repair suspension/fix -Perineal repair -Uterosacral suspension -Sacrotocolpopexy -Sacrospinous ligament suspension -Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
1/10/2014 thru 1/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of benign masses. -Cervical biopsy, including conization. -Colposcopy. -Colporrhaphy. -Colposcopy. -Cystoscopy as part of gynecological procedure. -Hysteroscopy and therapeutic D&C. -Diagnostic and operative laparoscopy (other than tubal sterilization). -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions. -Endometrial ablation. -Cytoscopy. -Immunotherapy. -Hysterectomy, abdominal, vaginal, including laparoscopic. -Hysterectomy, diagnostic or ablative including use of resection techniques. -LAP of Bartholin cyst or perineal abscess. -LAP of pelvic abscess. -Incidental appendectomy. -Marsupialization of Bartholin cyst. -Mastopexy. -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess). -Mastopexy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure. Operations for treatment for benign pelvic disorder: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other tubal surgery (not microsurgical). Umbilical & Inguinal Hernia Repair with another gynecologic procedure. Uterus/vaginal fistula, rectovaginal fistula repair. Vaginal biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p> history and physical exam -Amniocentesis -Amnio- infusion -Amniotomy or Oxytocin induction - Application of lumbar fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn - External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post- eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patient with/without medical surgical or obstetrical complications in normal labor including mild anemia, threatened abortion, normal puerperal period, normal accipartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including breech, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineurial blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, sepsis and hemolyticopathies, thyroid disease, sexually transmitted disease, premenstrual disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineurial anesthesia III & IV; 2. Local; 3. Pudendal block; 4. Perineurial block </p>
--	--	---

Physician Privileges

Physician Privileges

Physician ID	Name	Privileges Effective Date	Status
40119	A. D.	6/10/2014 thru 6/5/2016	Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, examine, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-gynecologic disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. -Performance of history and physical exam. -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of breast masses. -Cervical biopsy, including conization. -Colposcopy. -Colposcopy. -Colposcopy. -Cystoscopy as part of gynecological procedure. -Diagnostic and therapeutic D&C. -Diagnostic and operative Laparoscopy (other than total sterilization). -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, heterotopic pregnancy, endometriosis and adhesions. -Endometrial ablation. -Gynecologic ultrasonography. -Hysteroscopy, abdominal, vaginal, including laparoscopic. -Hysteroscopy, diagnostic or operative including use of resection techniques. -I&D of Bartholin's cyst or perineal abscess. -I&D of pelvic abscess. -Incisional appendectomy. -Mastopexy. -Mastopexy of Bartholin's cyst. -Mastopexy. -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess). -Mastopexy. -Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or ovary. Operation for sterilization (tubal ligation). Operation for treatment of urinary tract incontinence; vaginal approach. Intravaginal vaginal suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Unilateral & Incisional Hemia Repair with another gynecologic procedure. Unilateral vaginal, Unilateral fistula, Vaginal fistula, rectovaginal fistula repair. Vaginal biopsy. Vaglectomy, simple.</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Unilateral fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, examine, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases.</p>	EXCLUDING: Hysteratic artery ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Parity: rate of history and physical exam -Amniocentesis -Amnioinfusion -Antenatal or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, fetal transfusion bleeding, hemorrhagic shock, uterine rupture, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild trauma, threatened abortion, normal postpartum patients, normal miscarriage and postpartum care, postpartum complications, fetal demise -Medical removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and umbilical deliveries -Pudendal and perineal blocks -Repair 1st degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, noninfectious, cardiac disease, sepsis and hematology disorders, thyroid disease, sexually transmitted disease, polycystic disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as breech presentation, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Perineal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide dependent or dependent consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic inheritance transfer (O.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of infertility, amenorrhea, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>
			<p>EXCLUDING: Genetic inheritance transfer (O.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of infertility, amenorrhea, hyperproliferation, Laparoscopic retrieval of oocytes, Ultrasonically assisted retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			gametes and zygotes - Culture and fertilization of oocytes	Zygotes - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Perineovaginal medical suspension/sling - Perineovaginal repair - Uterovaginal suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing	EXCLUDING: Collagen injection, Perineovaginal repair and Sacrocolpopexy
Submit				

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

REMOTE CSID

DURATION
139

PAGES
6

STATUS
Received

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please send to ER & one of us will
Sincerely, take care of your patients.
We are the only ones taking
703-611-1010

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

RECEIVED FROM

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:39 FAX

00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Signature]

MD
Phone: _____

MD
Phone: _____

MD
Phone: _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by H&A 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

BARBARA ANDERSON, ADMINISTRATOR
FRANCISCAN ST ANTHONY HEALTH - CROWN POINT
1201 S MAIN ST
CROWN POINT, IN 46307

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer
Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

2 North Meridian Street • Indianapolis, IN 46204
317.223.1325 tdd 317.223.5577
www.statehealth.in.gov
To promote and provide essential public health services.

PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40139 Name:

M. D.

Privileges Effective Date:
6/10/2016 thru 6/9/2018Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide coordination, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exams -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpocentesis -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic I&M: -Diagnostic and operative Laparoscopy (other than tubal resection) -Reproductive laparoscopy, for diagnosis and treatment of pelvic pain, pelvic masses, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic ultrasonography -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or operative excluding use of resection technique -I&M of Bartholin cyst or perineal abscess -I&M of pelvic abscess -Incisional appendectomy -Myomectomy of Bartholin cyst -Myomectomy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or uterus, Operation for sterilization (tubal ligation), -Procedures for treatment of urinary stress incontinence; vaginal approach, midpubic areolar suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with contraception, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abdominal and hysterectomy), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & Bilateral Hysterectomy with another gynecologic procedure, (hysterosal vaginal, Uterovaginal fistula, Vagovaginal fistula, ectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Anticoagulants -Anesthetic infusion -Amniocentesis or Chorionic biopsy -Application of internal fetal and uterine monitors -Anesthetization and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cesarean -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn. -Cranial version of breech -Hypogastric artery ligation -Intermediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal unipartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging technology -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Internal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hypnotic and/or sedative -Spontaneous vaginal delivery -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Internal block; 4. Paracervical block</p>
Obstetrics/Gynecology A1990/V033 2008	11	Reproductive Endocrinology Core Privileges	<p>Adapt, evaluate, diagnose, treat and provide instruction or outpatient consultation in patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Oocyte intracytoplasmic transfer (ICIT) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, amenorrhea, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal ligation -Intra-abdominal transfer of</p> <p>EXCLUDING: Gamete intrafallopian (GIFT), Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, amenorrhea, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>ovum and oocyte - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to:</p> <ul style="list-style-type: none"> Cystoscopy - Cystourethroscopy - Collagen Injection - Pubovaginal urethral suspension/repair - Paravaginal repair - Uterovaginal culposuspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamic testing 	<p>ovum - Culture and fertilization of oocytes</p> <p>EXCEPT: Collagen Injection, Paravaginal repair and Sacrocolpopexy</p>
--	---	-------------------------------	---	---

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 03/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 2 of 3

			<p>Laparoscopic-Hysteroscopy, diagnostic or ablative including use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Mistoplication of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: I&D with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Therosapical vaginal, 1/2 hemivaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cordage -Cervical biopsy or amputation of cervix in pregnancy -Circumcision of newborn -Internal version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intubation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild anemia, threatened abortion, normal protracted labor, normal ante-partum and post-partum care, post-partum complications, fetal distress -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineovaginal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, pre-eclampsia, cardiac disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>hematologic disorders, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: - Cystoscopy - Cystourethrolysis - Collapsor injection - Pelvic organ prolapse suspension/repair - Perineal repair - Uterine suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel myodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 40360 JAM 13 7/6/2013 thru 7/6/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	2	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, resection ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Concise biopsy, including colposcopy -Colposcopy -Conization -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic oncology -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection techniques -L&L of Bartholin's cyst or perineal abscess -L&L of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin's cyst -Mastopexy -Minor gynecological surgical procedures (condomectomy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retrograde urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & bilateral Hysterectomy with another gynecologic procedure, Uterine sacral vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Advanced da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACOA accredited training program in cardiothoracic surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

		<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedure. 4. Documentation of satisfactory completion of the IJSA-mandated training course in the use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (IS) Training Center. 5. Documentation provided by 85% of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. A additional proctor cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (Approved 6/4/12)</p>
Obstetrics/Gynecology APPROVED 2009	1	<p>Obstetrics Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including, major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin (Cesarean hysterectomy, hysterectomy) -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including breeches -Management of high risk pregnancy inclusive of such practices as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, retained placenta, perineal, normal asphyxia and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Preconception sedation IM & IV; 2. Local 3. Pudendal block; 4. Pericervical block</p>
Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pelvic/anal wall suspension/sling - Perineal repair - Uterosacral culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13243

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and diseases of the urinary system. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of uterine masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Invasive and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Hysteroscopic ablation -Gynecologic imaging -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resectoscopy -LAP of Bartholin cyst or perineal abscess -LAP of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin cyst -Metaplasty -All other gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retractor assisted myomectomy, sling procedures, Operations for treatment of benign pelvic disease: D&C with coagulation, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, hysterectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other fertility surgery (not infertile), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterus/vaginal repair, Microvaginal repair, Vaginal repair, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>History and physical exam - Anesthetics - Amnio-Infusion - Amniotomy or Oxytocin induction - Application of internal fetal and maternal monitors - Augmentation and induction of labor by use of Oxytocin - Cesarean hysterectomy, hysterectomy - Cervical - Cervical biopsy or conization of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and labetalol) - Interpretation of fetal monitoring - Low or mid forceps delivery, including breech - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients without medical surgical or obstetrical complications for normal labor including mild placenta, threatened abortion, normal puerperal period, normal antepartum and postpartum care, postpartum complications, fetal demise - Manual removal of placenta, uterine curettage - Misoprostol to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and perineural blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hemoglobinopathies, cardiac disease, sickle cell disease, hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other medical conditions of pregnancy, such as incompetent cervix or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Perineural block</p>
--	--	--

Physician Privileges

Physician Privileges

Physician ID
40139

Name

M. D.

Privilege Effective Date
6/10/2014 thru 6/6/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands.</p> <p>The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the basic techniques and skills. Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of trophoblastic tissue - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Electrosurgery laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, benign ovarian, endometrial and adnexal lesions - Endometrial ablation - Gynecologic sonography - Hysteroscopy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or operative including use of resection techniques - I&D of Bartholin's cyst or perineal abscess - I&D of pelvic abscess - Intrauterine appendectomy - Mucopexy of Bartholin's cyst - Metopexy - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Salpingectomy, hysterectomy, oophorectomy, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary tract (necrotomy: vaginal approach, subcutaneous urethral incision, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abdominal and hysterectomy), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical) Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal fistula, rectovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, Vaginoplasty</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hysteroscopic artery ligation

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedural listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Aspiculopelvic -Amnioinfusion -Amniocentesis or Chorionic biopsy -Application of internal fetal and maternal monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Intensive care of the newborn (including resuscitation and ventilation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, fetal hypoxemia bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patients, normal anesthetic and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, nonalcoholic liver disease, anemia and hemochromatosis, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as Incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and obstetric: 1. Perineal anesthesia I & II; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide treatment or surgical consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Chronic intrauterine transfer (I.U.T.) - Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of luteinization, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes -Uterine and retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal ligation -Intra-abdominal transfer of</p>	<p>EXCLUDING: Chronic intrauterine transfer (I.U.T.) - Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of luteinization, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes, ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			Spermatocytes and oocytes - Culture and fertilization of oocytes	Oocytes - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative and laboratory to control or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pelvic/vaginal medical suspension/repair - Perineal repair - Uterovaginal prolapse suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Vaginal prolapse treatment	EXCLUDING: Collagen injection, Perineal repair and Sacrocolpopexy

51. Excluded

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

March 17, 2015 2:51:10 PM EDT

REFMTE CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
we are the only ones taking.
- BR call

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

SENDER FAX

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:30 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at (In

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely, .

MD

MD

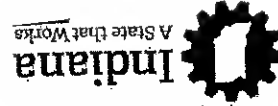
Phone: _____

MD

Phone: _____

MD

Phone: _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital is located; and
(2) each hospital located in a county that is contiguous to the county described in subsection (1);
where abortions are performed.

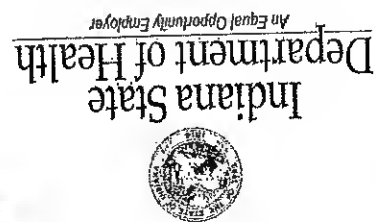
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

TERRENCE KLEIN, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE
1710 LAFAYETTE RD
CRAWFORDSVILLE, IN 47933

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: **MD**

Is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I

I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

. MD

June 1, 2016

MD
Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____, I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

PHG 7

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

PHG
TFI

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office, if required.

PHG

PHG
TFI

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

Indiana State
Department of Health
An Equal Opportunity Employer



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERrance WILSON, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST
1701 S CREASY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I
admission and care for each patient needing urgent care services according to each patient's
need. Of course, any patient needing immediate care should be evaluated at the closest
emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of
transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for
any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient. In the event my services are needed under this agreement, contact me by calling. I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delegation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

BRENDA REETZ, ADMINISTRATOR
GREENE COUNTY GENERAL HOSPITAL
1185 N 1000 W
LINTON, IN 47441

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

UPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Planned Parenthood of Indiana

Dear Dr. [redacted] and Dr. [redacted]

I have admitting privileges at _____ I and _____
~~If the covering GYN physician of the day at one of these hospitals is~~
~~uncomfortable with any postabortal services patient from Planned Parenthood of~~
~~Indiana (PPIN) needing admission, I will assume care of that patient and will~~
~~arrange patient admission and care for each patient needing my services according~~
~~to each patient's need.~~

Penmanship: Font: Century Schoolbook

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, protect me by calling my office at _____ In addition, my cell number is _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Sincerely,



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

STEPHEN LONG, ADMINISTRATOR
HANCOCK REGIONAL HOSPITAL
801 N STATE ST
GREENFIELD, IN 46140

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer
Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov
To promote and provide
essential public health services.

CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2-10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you,

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

Re: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____, He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

_____, Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KEVIN SPEER, ADMINISTRATOR
HENDRICKS REGIONAL HEALTH
1000 E MAIN ST
DANVILLE, IN 46122

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randell Snyder
Division Director
Indiana State Department of Health

RE: : MD

Dear Sir/Madam:

 facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: /

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present


Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as an Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Medam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSID PPCG	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

md.

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only M.D. at these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Indiana State
Department of Health



An Equal Opportunity Employer

Michael R. Pence

Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DONALD CLAYTON, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL
5165 MCCARTY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD
Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I
admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges to
admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
has been approved through December 31, 2017.
for two years. Your reappointment

Copies of your Definition of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



**Indiana State
Department of Health**
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

BRADFORD DYKES, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL
2900 W 16TH ST
BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the way in which these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

MARK MOORE, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL
601 W SECOND ST
BLOOMINGTON, IN 47403

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr. B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the day surgeon of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Randall Snyder, PT, MBA
Division Director
Acute Care
/s/

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

DANIEL EVANS, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH
1701 N SENATE BLVD
INDIANAPOLIS, IN 46202

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

; MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPICG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ and
If the covering GYN physician or the only physician at these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
..... I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
..... I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

.....
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

|||||
WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me,

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JON GOBLE, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH NORTH HOSPITAL
11700 N MERIDIAN ST
CARMEL, IN 46032

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

Indiana State
Department of Health
An Equal Opportunity Employer



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic; surgical and other medical procedures; medical management and consultation in pain management and critical care medicine; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

+ MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient..

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

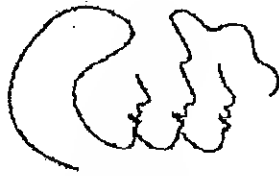
Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that , M.D., does have admitting privileges at : He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: \
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: \
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: \
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at [redacted] and [redacted]. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at [redacted]. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

_____, Director
Medical Staff Affairs

Office: (_____)_____
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

MD,



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Woman's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DOUG PUCKETT, ADMINISTRATOR
IU HEALTH WEST HOSPITAL
1111 N RONALD REAGAN PKWY
AVON, IN 46123

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ : will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3-1-14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____
I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

_____ If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

... is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE:

Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

OPCS

Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSID PPCG	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and: in
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at: in addition, my cell number is: Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling: Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Planned Parenthood of Indiana

Dear Dr. : and Dr.

I have admitting privileges at _____ and _____.
 If the covering GYN physician or the only physician of these hospitals is
 uncomfortable with any postabortal services patient from Planned Parenthood of
 Indiana (PPIN) needing admission, I will assume care of that patient and will
 arrange patient admission and care for each patient needing my services according
 to each patient's need.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Sincerely,



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JEFFREY ZEH, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL
720 SOUTH SIXTH ST
MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.


Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.


PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

Is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in

admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I will arrange patient

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in

admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center. I will arrange patient

In the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-
4,5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

LARRY HEYDON, ADMINISTRATOR
JOHNSON MEMORIAL HOSPITAL
1125 W JEFFERSON ST
FRANKLIN, IN 46131

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

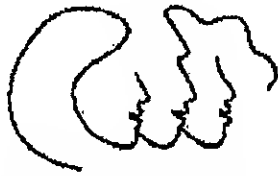
If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ : will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

MD

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at _____ and _____ in _____.
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician at this hospital is~~
~~uncomfortable with any postabortal services patient from Planned Parenthood of~~
~~Indiana (PPIN) needing admission, I will assume care of that patient, and will~~
~~arrange patient admission and care for each patient needing my services according~~
~~to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

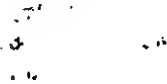
Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that, _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____) .

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

 is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. --

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JOHN HORNBER, ADMINISTRATOR
MAJOR HOSPITAL
150 W WASHINGTON ST
SHELBYVILLE, IN 46176

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

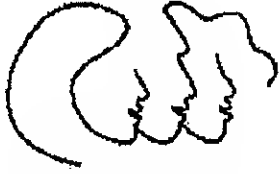
If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

*** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ***

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

_____, Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

PHILLIP LOWE, ADMINISTRATOR
MONROE HOSPITAL
4011 S MONROE MEDICAL PARK BLVD
BLOOMINGTON, IN 47403

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID

PPCG

DURATION

221

PAGES

8

STATUS

Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

md:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Planned Parenthood of Indiana

Dear Dr. [redacted] and Dr. [redacted]

I have admitting privileges at _____ 1 and _____
 If the covering GYN physician at the _____ of these hospitals is
 uncomfortable with any postabortal services, patient from Planned Parenthood of
 Indiana (PPIN) needing admission, I will assume care of that patient, and will
 arrange patient admission and care for each patient needing my services according
 to each patient's need.

Form method: Fort: Century Schoolbook

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PFIN physician on call should contact me by calling: _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Sincerely,



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JANE KELLER, ADMINISTRATOR
ORTHOINDY HOSPITAL
8400 NORTHWEST BLVD
INDIANAPOLIS, IN 46278

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

: MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014



BLOOMINGTON, IN 47403

BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID

PPCG

DURATION

221

PAGES

8

STATUS

Received

2015-12-08 11:00

YYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ and _____
If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.

Forwritter: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health
RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me,

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . . or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document.."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at . . . and . . .
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at . . . In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear _____,

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

HAROON NAZ, ADMINISTRATOR
PINNACLE HOSPITAL
9301 CONNECTICUT DR
CROWN POINT, IN 46307

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Anamniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal prepregnant patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging technology -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Perineal and paracervical blocks -Ropar 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital heart disease, anemia and hemoglobinopathies, thyroid disease, acquired immunodeficiency disease, pulmonary disease, thromboembolic disorders, infectious disease, atypical pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Vaginal delivery and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2008	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide important or consultant consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Uterine leiomyomata resection (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>	<p>EXCLUSION: Chronic intrauterine (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, Intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

			ovaries and oocytes - Culture and fertilization of oocytes Adrenal, endometrial, diagnosis, treat and provide consultation, pre, intra, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystourethry/hysteroscopy - Collagen Injection - Pudo vaginal urethral suspension/sling - Paravaginal repair - Transvaginal colposuspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Anorectal urodynamic testing	oocytes - Culture and fertilization of oocytes HXCT/ADH/IN/CH Collagen Injection, Paravaginal repair and Sacrocolpopexy
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges		

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: Name
49600

JL.D.

Privileges Effective Date
4/16/2014 thru 6/30/2017Status
Active

Division/Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, ureters, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, iliofemoral, pelvic, para-aortic) -Microsurgery -Myomectomy -Tissue grafting -Para aortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as judged -Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal intrauterine implants -Insertion of intracavitary radiation applications -Salpingo-oophorectomies -Ovariolectomies -Surgery of the gastrointestinal tract and upper abdomen, including procedures of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, ileocecal fistula (resection of small bowel, ileostomy, repair of fistula, resection and reanastomosis of large bowel)	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genital reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cervical biopsy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Hysteroscopic menorrhagia -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p> Papuloscopic - Hysteroscopy, diagnostic or ablative excluding use of injection technique - L&D of Bartholin's cyst or perineal abscess - L&D of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin's cyst - Malignancy - Various gynecological surgical procedures (conometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Metropathy, Myometriectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment of benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystic, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterine vaginal, Uterine vaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginal, simple </p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p> Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -History and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or dilatation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Intrauterine care of the newborn (including resuscitation and ventilation) -Intrapartum care of fetus monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia; postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of placenta with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal amniotomy and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine inversion -Mediotomy incise fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Perforation of breech and multifetal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, encephalopathy, cordless disease, neonatal and </p>

Physician Privileges

Page 3 of 3

			<p>hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other sequelae of pregnancy, such as molar pregnancy, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide coordination, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Colposcopy injection - Perineal repair - Uterine artery embolization - Sacrospinopexy - Sacrospinous ligament suspension - Abdominal hysterectomy</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40360

Name

M.D.

Privileges Effective Date
7/6/2013 thru 7/6/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the gastrointestinal system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Hysteroscopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic angiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative including use of resection technique -L&L of Bartholin's cyst or perineal abscess -L&L of pelvic abscess -Incisional appendectomy -Metastabilization of Bartholin's cyst -Mastectomy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Mastectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropublic urethral suspension, sling procedure, Operation for treatment for benign pelvic disease; D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilostomy, Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Console Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACCME accredited training program in cardiovascular surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they performed this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are variations of the same techniques and skills. -Perforations of uterine and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin Induction -Application of internal fetal acid uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery Doppler -Immediate care of the newborn (including resuscitation and intubation) -Intubation of fetal monitoring -Low or high forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm, preterm, normal postpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstructed diagnosis procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Palatal and maxillary blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathy, cardiac disease, anemias and thrombocytopenia, thyroid disease, secondary transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as molar pregnancy, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Case Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystoscopy/cystostomy - Collagen injection -Pulvinoplasty with/without suspension/tilting -Perineal repair -Uterovaginal crepsuspension -Sacropoppy -Scarpinus ligament suspension -Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical women -Adrenal surgery, including bilateral cystectomy, nephrectomy, adrenalectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colporrhaphy -Colpocystitis -Colporrhaphy -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and subserosa -Hysterometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -LAP of Bartholin's cyst or perineal abscess -LAP of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metrorrhaphy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Myometrial, Myometriectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with coagulation, laparotomy, abdominal hysterectomy, vaginal hysterectomy, myometriectomy, myometriectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other fertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with nontherapeutic procedure, Uterus/vaginal vaginoplasty, Microvaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p> history and physical exam -Amniocentesis -Amnio infusion -Amniocentesis or Oxytocin induction - Application of Intra-aortic fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn - Maternal version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post- eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications in normal labor including mild anemia, threatened abortion, normal puerperal period, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Pudendal and perineural blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathy, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other medical conditions of pregnancy, such as incomplete, uncomplete or missed abortion -Vaginal birth after cesarean section (VBAC) -Uterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal analgesia IM & IV; 2. Local; 3. Pudendal block; 4. Perineural block </p>
--	--	---

Physician Privileges

Physician Privileges

Physician ID
40139

Name

M.D.

Privileges Effective Date
6/10/2014 thru 6/6/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnosis, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. Aspiration of breast masses. Cervical biopsy, including conization. Colposcopy. Colposcopy. Colposcopy. Cystoscopy as part of gynecological procedure. Diagnostic and therapeutic D&C. Diagnostic and operative Laparoscopy (other than tubal sterilization). Endoscopic laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometrial and adnexal masses. Endometrial ablation. Gynecologic ultrasonography. Hysterectomy, abdominal, vaginal, including laparoscopic. Hysterectomy, diagnosis or selective unblocking use of resection technique. I&D of Bartholin's cyst or perineal abscess. I&D of pelvic abscess. Incidental appendectomy. Adaptation of hysterectomy. Adaptation of minor gynecological surgical procedures. Endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess. Myomectomy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence: vaginal approach. Urinary stress incontinence, sling procedures. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Inguinal Hernia Repair with and without gynecologic procedure. Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vaginal biopsy. Vulvectomy, simple.</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnosis, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hysterectomy, uterine ligation

<p>Obstetrics/Gynecology APPROVED 2809</p>	<p>11</p> <p>Reproductive Endocrinology Core Privileges</p>	<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. -Amniocentesis -Amnioinfusion -Amniocentesis or Chorionic biopsy -Application of internal fetal and maternal monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Heterotopion of fetus monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, intra uterine bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia -Pre-eclampsia, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Placental removal of placenta, uterine curettage -Medication induced fetal lung maturity -Internal obstetrical vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and sacrospinous blocks -Rapid 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, non-thrombotic, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombotic/thrombotic disorder, infectious disease, ectopic pregnancy and other incidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery caputite -Anesthesia and sedation: 1. Parenteral sedation lid & IV; 2. Local: 3. Pudendal block; 4. Paracervical block</p>	<p>EXCLUDING: Genetic amniocentesis (O.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, laparoscopic removal of oocytes, Ultrasonic removal of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tuboovarian implantation -Intra-abdominal transfer of gametes and</p>
<p>Obstetrics/Gynecology APPROVED 2809</p>	<p>11</p> <p>Reproductive Endocrinology Core Privileges</p>	<p>A direct, evaluate, diagnose, treat and provide supportive or supportive consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Genetic amniocentesis transfer (O.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes - Ultrasonic removal of oocytes - Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer - Microsurgical tubal reanastomosis and tuboovarian implantation - Intra-abdominal transfer of gametes and</p>	<p>EXCLUDING: Genetic amniocentesis (O.I.F.T.) - Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, laparoscopic removal of oocytes, Ultrasonic removal of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			germ cells and zygotes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to:- Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineovaginal medical suspension/sling - Paravaginal repair - Uterosacral culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Anulohymenal myodynamics testing	EXCLUDING: Collagen injection, Para-vaginal repair and Sacrocolpopexy
Submit				

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

PERMIT CSTD

DURATION
139

PAGES
6

STATUS
Received

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please Send to ER & one of us will
take care of your patients.
We are the only ones taking.
Dr. Callio

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

_____, MD

Phone: _____

_____, MD

_____, MD

Phone: _____

Phone: _____

*** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ***

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

NEW YORK CITY

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 16:30 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DENNIS WEATHERFORD, ADMINISTRATOR
PUTNAM COUNTY HOSPITAL
1542 S BLOOMINGTON ST
GREENCASTLE, IN 46135

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



Indiana
A State that Works

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE:

Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PFCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in County, Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I and
If the covering GYN physician or the way at ~~the~~ of this hospital is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formwired: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at In addition, my cell number is
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the
patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

SETH WARREN, ADMINISTRATOR
RIVERVIEW HEALTH
395 WESTFIELD RD
NOBLESVILLE, IN 46060

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

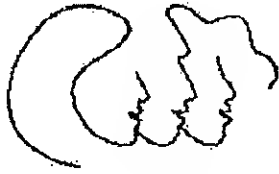
If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 - 2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ MD is in agreement that Dr. _____ : will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to: _____ via ambulance to the Emergency department.

MD _____

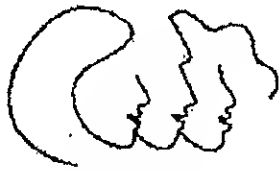
Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A. 1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

Re: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at : and
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at . In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal service patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

WARREN FORGEY, ADMINISTRATOR
SCHNECK MEDICAL CENTER
411 W TIPTON ST
SEYMOUR, IN 47274

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



Indiana
A State that Works

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

ind. In
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.

Formulated: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the

patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - CARMEL
12188 B NORTH MERIDIAN STREET
CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

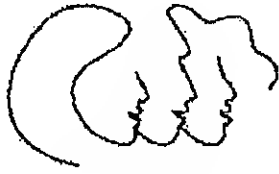
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause,
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: :

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

 is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that . . . M.D., does have admitting privileges at . . . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . . . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at : and .
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at . In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MICHAEL CHITTENDEN, ADMINISTRATOR
ST VINCENT CARMEL HOSPITAL INC
13500 N MERIDIAN ST
CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____; will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women,

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center,

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at ... and ... I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at ... I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

...
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that . . . M.D., does have admitting privileges at . . . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. . .

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . . . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

GARY FAMMARTINO, ADMINISTRATOR
ST VINCENT FISHERS HOSPITAL INC
13861 OLIO ROAD
FISHERS, IN 46037

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD _____

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3-1-14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: /

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.O., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____, He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: 1-
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at (_____) or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

BLAKE DYE, ADMINISTRATOR
ST VINCENT HEART CENTER OF INDIANA LLC
10580 N MERIDIAN ST
INDIANAPOLIS, IN 46290

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 -2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: (

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that, _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms,

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document.."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at : and
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at . In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

M.D.

Dear

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____
Medical Staff members (physicians and dentists): If you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

in

Attachment

PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: **MD**

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD
Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges to . . . I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

. MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JO ANN BIRDZELL, ADMINISTRATOR
ST CATHERINE HOSPITAL INC
4321 FIR ST
EAST CHICAGO, IN 46312

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer
Governor
Michael R. Pence
Jerome M. Adams, MD, MPH
State Health Commissioner

2 North Meridian Street • Indianapolis, IN 46204
317.233.1926 tdd 317.233.5677
www.statehealth.in.gov
To promote and provide essential public health services.

06/10/2016 PM 13:04 FAX

Physician Services

0001/013

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the
compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners
are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file,
there are no disciplinary actions related to quality of care, no restrictions or denial of
privileges, and we are aware of no health problems. Therefore, we can state with
confidence that we know of nothing that would preclude recommending this
practitioner to any organization.

DEPARTMENT:
SPECIALTY:
CATEGORY:

Obstetrics/Gynecology
Obstetrics & Gynecology
Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician to
40139
Nine

١١٠

6/10/2016 Thu 09:17:13
FBI Boston Executive Mail

State
Active

[illegible]

Physician Privileges	Physician Privileges	Physician Privileges
<p>11</p>	<p>Reproductive Endocrinology</p>	<p>Reproductive Endocrinology</p>
<p>1. The following are the privileges granted to the physician in this specialty practice. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges.</p>	<p>1. The following are the privileges granted to the physician in this specialty practice. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges.</p>	<p>1. The following are the privileges granted to the physician in this specialty practice. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges. The physician shall be responsible for the maintenance of these privileges and shall be subject to periodic review of these privileges.</p>

Page 3 of 3

[illegible]

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the
compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:
SPECIALTY:
CATEGORY:
INITIAL APPOINTMENT: 08/06/1979 - Present
Active
Obstetrics & Gynecology

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician ID	Name
1	Dr. J. H. Smith
2	Dr. A. B. Jones
3	Dr. C. D. Brown
4	Dr. E. F. White
5	Dr. G. H. Black
6	Dr. I. J. Green
7	Dr. K. L. Gray
8	Dr. M. N. Hall
9	Dr. O. P. King
10	Dr. Q. R. Lee
11	Dr. S. T. Scott
12	Dr. U. V. Walker
13	Dr. W. X. Young
14	Dr. Y. Z. Adams
15	Dr. A. B. Baker
16	Dr. C. D. Carter
17	Dr. E. F. Davis
18	Dr. G. H. Evans
19	Dr. I. J. Fisher
20	Dr. K. L. Grant
21	Dr. M. N. Harris
22	Dr. O. P. Ingram
23	Dr. Q. R. Jackson
24	Dr. S. T. Keller
25	Dr. U. V. Lambert
26	Dr. W. X. Little
27	Dr. Y. Z. Long
28	Dr. A. B. Mason
29	Dr. C. D. Myers
30	Dr. E. F. Nichols
31	Dr. G. H. Oliver
32	Dr. I. J. Parker
33	Dr. K. L. Quinn
34	Dr. M. N. Reed
35	Dr. O. P. Russell
36	Dr. Q. R. Scott
37	Dr. S. T. Stone
38	Dr. U. V. Taylor
39	Dr. W. X. Turner
40	Dr. Y. Z. Vance
41	Dr. A. B. Ward
42	Dr. C. D. Webb
43	Dr. E. F. Wells
44	Dr. G. H. White
45	Dr. I. J. Wilson
46	Dr. K. L. Wood
47	Dr. M. N. Wright
48	Dr. O. P. Young
49	Dr. Q. R. Zachary
50	Dr. S. T. Adams

Withington Reference Date
04/02/19 Due 05/2017

9107

[illegible]

[illegible]

Physician Privileges

[illegible]

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RF: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership in the Medical Staff of the :

compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

SPECIALTY:

CATEGORY:

Obstetrics/Gynecology
Active
Obstetrics & Gynecology

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician ID _____
Name _____

09COT

11. 12. 13.

7/6/2014 14:07:20
KTHL-9 KATV-TV

7/6/2014 11:47:50 AM

සමුදාය
ප්‍රකාශන

[illegible]

Physician Privileges

APPROVED 2009 Obstetrics (Gynecology)	Obstetrics (Gynecology)	<p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p> <p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p> <p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p>
		<p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p> <p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p> <p>Obstetrics (Gynecology) - This is a list of the procedures that are performed by the physician in the Obstetrics (Gynecology) department. The list is organized by the type of procedure, and the list is organized by the type of procedure, and the list is organized by the type of procedure.</p>

Page 3 of 3

<p>sections of or of occidit or vaginitis (occidit - pregnancy of normal length) or pregnancy occurring pregnancy without hypothyroidism, chronic myeloid leukemia, diabetes mellitus, renal disease, rheumatoid arthritis, cardiac disease, anemia and thrombocytopenia, beyond disease, generally transmitted disease, pulmonary disease, immunosuppression, diabetes, infectious disease, ectopic pregnancy and other accidents of fertility, such as hematologic, congenital or maternal abortion - vaginal birth after cesarean section (VBAC) - hysterectomy and repeat cesarean vaginal delivery cephalic - a malpresentation and/or 1. Placental separation 1st & 2nd 3rd, 4. Placental block & placental block</p>	<p>Adverse, evaluate, diagnosis, treat and provide consultation, pre-, intra-, and post-operative care process may be correct at that time periods of all aspects presenting with lesions and disorders of the genital/pregnancy system. (Clinical/physiology/therapy - limited to - (Clinical/physiology/therapy - Colleague in action - (Physiology/therapy/therapy) reproduction/therapy - (Physiology/therapy/therapy) clinical/physiology/therapy - (Physiology/therapy/therapy) clinical/physiology/therapy - (Physiology/therapy/therapy)</p>	<p>1</p>
<p>1</p>	<p>1</p>	<p>1</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician Privileges

Physician (R)
Name

5321

M.D.

21/03/2014
21/03/2014

ਅੰਤਿਮ ਵ
ਸ਼ਾਂਤੀ-ਗ

[illegible]

1. *Chlorophyll* - a green pigment found in plants and some algae. It is responsible for the green color of these organisms and is essential for photosynthesis.
 2. *Chloroplast* - a specialized organelle found in plant cells and some algae. It contains chlorophyll and is the site of photosynthesis.
 3. *Chlorophyll* - a green pigment found in plants and some algae. It is responsible for the green color of these organisms and is essential for photosynthesis.
 4. *Chloroplast* - a specialized organelle found in plant cells and some algae. It contains chlorophyll and is the site of photosynthesis.
 5. *Chlorophyll* - a green pigment found in plants and some algae. It is responsible for the green color of these organisms and is essential for photosynthesis.
 6. *Chloroplast* - a specialized organelle found in plant cells and some algae. It contains chlorophyll and is the site of photosynthesis.
 7. *Chlorophyll* - a green pigment found in plants and some algae. It is responsible for the green color of these organisms and is essential for photosynthesis.
 8. *Chloroplast* - a specialized organelle found in plant cells and some algae. It contains chlorophyll and is the site of photosynthesis.
 9. *Chlorophyll* - a green pigment found in plants and some algae. It is responsible for the green color of these organisms and is essential for photosynthesis.
 10. *Chloroplast* - a specialized organelle found in plant cells and some algae. It contains chlorophyll and is the site of photosynthesis.

Physician Privileges

Physician ID: 40139
 Name: M.D.
 Privileges Effective Date: 6/1/2014 thru 6/30/2015
 Status: Active

Physician Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p> <p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p> <p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p>	EXCLUDING: Hypertensive
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p> <p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p> <p>Adapt, evaluate, discuss, treat and provide consultation to female patients of all ages, including reproductive system and associated disorders, including major medical disorders.</p>	EXCLUDING: Vaginal Hysterectomy, including Hysterectomy and Hysterectomy

[illegible]

Physician Privileges

APPROVED 2009	3	UNIVERSITY OF CALIFORNIA	<p>Admits, excludes, disciplines, punishes and provides education, pro-, para- and post-operative treatment necessary to restore or treat female patients of all ages presenting with genital and disorders of the genitourinary system.</p> <p>Practitioner holds a license issued to -</p> <p>Genitourinary - Gynecology/Obstetrics - Collagen injections - Prostate/rectal medical injections - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy -</p>
APPROVED 2009	3	UNIVERSITY OF CALIFORNIA	<p>Admits, excludes, disciplines, punishes and provides education, pro-, para- and post-operative treatment necessary to restore or treat female patients of all ages presenting with genital and disorders of the genitourinary system.</p> <p>Practitioner holds a license issued to -</p> <p>Genitourinary - Gynecology/Obstetrics - Collagen injections - Prostate/rectal medical injections - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy - Laser/light therapy -</p>

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **			
TIME RECEIVED	MARCH 17, 2015 2:51:10 PM EDT	PRINTER: CS10	
PAGE 01/06	03/17/2015 13:47	DURATION 139	PAGES 6
STATUS	RECEIVED		

TO MRS

March 13, 2015
 MD
 Planned Parenthood of Indiana and Kentucky
 8645 Connecticut Street
 Mearnsville, IN 46410
 RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at [redacted] in [redacted]. We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,
 [Signature]
 MD

Handwritten: Please send to ER - one of us will take care of your patients. We will be on call 24/7.

Phone: _____
 MD



07/14/2015 15:35

FROM: PLANNED PARENTHOOD OF INDIANA

PAGE 02/02
#104 P.002/002
07/14/2015 15:59

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

Phone: _____

MD

Phone: _____

MD

MD

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
 TIME RECEIVED
 APR 13, 2016 4:27:44 PM EDT
 04/13/2016 18:30 FAX
 STATUS Received
 PAGES 1
 DURATION 55
 00001/0001

FAX to

April 13, 2016

MD
 Planned Parenthood of Indiana and Kentucky
 8645 Connecticut Street
 Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your
 abortion patients in the event of a complication, emergency situation or other medical need
 that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
 We will arrange patient admission and care for each patient needing urgent care
 services according to each patient's need. Of course, any patient needing immediate care
 should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the
 phone number listed with our names below. We have provided you with our cell phone and
 pager numbers. Please provide the patient's name, reason for referral, current medical
 condition and means of transport. A copy of all available patient records should be sent with
 the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement
 for any reason.

Sincerely,

MD

 Phone: _____
 MD

 Phone: _____
 MD

 Phone: _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS
8111 S EMERSON AVE
INDIANAPOLIS, IN 46237

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present


Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- 
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3-1-14

+ MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014



421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, medical Staff Services

June 3, 2014

DO

RE:

Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID

PPCG

DURATION

221

PAGES

8

STATUS

Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the _____ of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formbook: Form: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

Our facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients. In the event of a complication, emergency situation or other medical need that requires hospitalization,

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____.
I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. --

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category. _____ in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE
1201 HADLEY RD
MOORESVILLE, IN 46158

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Staff Appointment Date: From: 09/24/1981 - Present

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

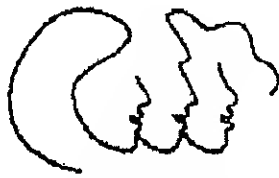
We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD _____

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ : will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

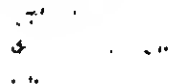
Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

TERANCE WILSON, ADMINISTRATOR
FRANCISCAN HEALTHCARE RENSSELAER
1104 E GRACE ST
RENSSELAER, IN 47978

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 15:04 FAX

Physician Services

001/013

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Action Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Care Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The above privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills, the formation of history and physical exam - Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingo-oophorectomy, and conservative procedures for treatment of ovarian pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Reproductive laparoscopy, for diagnosis and treatment of pelvic pain, pelvic masses, endometriosis, endometrial polyps and adhesions - Endometrial ablation - Hysteroscopy - Hysteroscopy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic of ablation excluding use of resection technique - LEEP of Bartholin's cyst or perianal abscess - LEEP of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin's cyst - Metaplasty - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Microplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of primary stress incontinence; vaginal approach, transvaginal urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with curettage, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingo-oophorectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurge), Umbilical & Incisional hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple</p>	<p>EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation in female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	<p>EXCLUDING: Hysteroplastic surgery ligation</p>

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including forceps -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine massage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multiple deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathy, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ocular pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Vagotomy and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Paracervical sedation IIM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APMOC/VH3 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide dependent or consultant consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Oocyte intracytoplasmic transfer (ICIT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of menopause, amenorrhea, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>

EXCLUDING: Gamete intrafallopian (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of menopause, amenorrhea, hyperproliferation, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>gametes and zygotes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide... control, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to - Cystoscopy - Cystourethrolysis - Collagen injection - Pubovaginal structural suspension - Perineal repair - (Perineal) colposuspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamics testing</p>	<p>zygotes - Culture and fertilization of oocytes</p> <p>HYALURONIC Collagen injection, Perineal repair and Sacrocolpopexy</p>
--	---	-------------------------------	---	--

06/10/2016 FRI 15:05 FAX

Physician Services

0005/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49601 Name: A. D.

Privileges Effective Date: 4/10/2015 thru 6/30/2017

Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	1	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, ureters, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, venous, pelvic, para-aortic) -Microsurgery -Myometrial flap, skin grafting -Para-aortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaglectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy as include gestational trophoblastic disease -Uterovaginal isolate implants -Insertion of intrauterine radiation applicator -Salpingo-oophorectomy -Oophorectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, massive fistula formations of small bowel, DeMezons, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adolescent surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than total hysterectomy) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Intrauterine abortion -Gynecologic manography -Hysteroscopy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

		<p>Laparoscopy - Hysteroscopy, diagnostic or ablative excluding use of resection techniques - I&D of Bartholin cyst or perineal abscess - I&D of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin cyst - Metrioplasty - Minor gynecological surgical procedures (condominal biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metrioplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary tract incontinence; vaginal approach, retrograde urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: I&C with coeliotomy, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cysts, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vulvar biopsy, Vulvectomy, clitoris</p>
Obstetrics & Gynecology APPROVED 2009	1	<p>Obstetrics Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam - Amniocentesis - Amniotic infection - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Caesarian hysterectomy, cesarean section - Cervical biopsy or conization of cervix in pregnancy - Cesarean section of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and intubation) - Intrauterine fetal monitoring - Low or mid forceps delivery, including rotational - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, PROM, labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum, postpartum hemorrhage and postpartum care, postpartum complications, fetal distress - Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and perineal blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>gynecologic diseases, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
<p>Urogynecology APPROVED 2009</p>	9	Urogynecology Care Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pelvic organ prolapse suspension/fixing - Paravaginal repair - Uterine suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40360
Name: M. D.Privileges Effective Date:
7/6/2013 thru 7/6/2017Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultations, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Cryopexy - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometrial and tubal masses - Endometrial ablation - Gynecologic radiography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or ablative, excluding use of resection techniques - I&D of Bartholin's cyst or perineal abscess - I&D of pelvic abscess - Incidental appendectomy - Metastabilization of Bartholin's cyst - Metropexy - Minor gynecological surgical procedures (condomectomy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Metropexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedures, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, ectopic, ectopic, or pelvic prolapse, Tuboplasty and other fertility surgery (not microsurgical), Uterine atresia Hysterectomy Repair with another gynecologic procedure, Uterine atresia, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginal sample	
*Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Must have formal training: successful completion of an ACHME/ACMA accredited training program in cardiovascular surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

		<p>da Vinci System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the IFSA-approved training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor under the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>
<p>*Obstetrics/Gynecology APPROVED 2002</p>	1	<p>Obstetrics Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Anesthetics or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, tubal ligation -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including vacuum -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum period, normal interpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medical/obstetrical fetal lung maturity -Normal spontaneous vaginal delivery -Obstructed diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Medicaid and non-Medicaid blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, preeclampsia, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after cesarean section (VHAC) - Hysteromy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Precedural sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPK(OVH) 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystitis/cystitis - Collagen injection - Pubovaginal areolar suspension/lig - Perineal repair - Uterosacral ligament suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13241

M. D.

Privileges Effective Date
8/10/2014 thru 8/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages pertaining with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the endocrine glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adolescent surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative (including use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Metastasis of Bartholin cyst -Metastasis -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not interventional), Umbilical & incisional Hernia Repair with another gynecologic procedure, Uterine/ovarian, Uterine/vaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factor in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>history and physical exam - Amniocentesis - Amniotic fluid - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Cesarean hysterectomy, cesarean section - Cervical - Cervical biopsy or conization of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Hemorrhagic care of the newborn (including resuscitation and intubation) - Interpretation of fetal monitoring - Use of mid forceps delivery, including rotations - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications for normal labor including mild anemia, threatened abortion, normal preterm labor, normal parturition and postpartum care, postpartum complications, fetal demise - Manual removal of placenta, uterine curettage - Metastasis to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and perineural blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombotic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paracervical notation IM & IV; 2. Local; 3. Pudendal block; 4. Perineural block</p>
--	--	--

Physician Privileges

Physician Privileges

Physician ID: 40139 Name: A.D. Privileges Effective Date: 5/10/2014 thru 5/5/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnosis, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive system. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colpocoele -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysteroscopy, abdominal, vaginal, including laparoscopy -Hysterectomy, diagnostic or elective including use of excision technique -I&D of Bartholin cyst or perianal abscess -I&D of pelvic abscess -Incisional appendectomy -Mastopexy -Mittelman cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Myomectomy, Myomectomy, abdominal -Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or cervix. Operation for sterilization (tubal ligation), Operation for treatment of primary stage recurrence; vaginal approach. -Unilateral vaginal hysterectomy, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for menorrhagia (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, heterotopic, cystic, or pelvic prolapse, Tuboplasty and other infertility surgery (not microvascular), Umbilical & Incisional Hernia Repair with another gynecologic procedure; Uterine/vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, Vaginal/vaginal fistula repair, Vaginal biopsy, Vaginal biopsy	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnosis, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders	EXCLUDING: Hysterectomy, uterine ligation

			<p>that are complicating factors in pregnancy. The above privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Perforators of history and physical exam -Amniocentesis -Amnioinfusion -Amniocentesis or Chorionic Villus Sampling -Application of internal fetal and cardiac monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Intrauterine care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, postpartum labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical or obstetrical complications for labor including mild preeclampsia -Medical abortion, normal postpartum care, normal postpartum care, postpartum complications, fetal deaths -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical ultrasound procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Peridural and epidural blocks -Ruptured 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, autoimmune diseases, thyroid disease, hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal sedation and 2. IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2/09	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide important or complex consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Clarify infertility status (O.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation -Laparoscopic removal of ovaries -Laparoscopic removal of ovaries -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>
			<p>EXCLUDING: Genetic carrier status (O.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation -Laparoscopic removal of ovaries -Laparoscopic removal of ovaries -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

03/17/2015 13:47

Physician Privileges

PAGE 06/06
Page 3 of 3

			Spermatocytes and oocytes - Culture and fertilization of oocytes	Spermatocytes - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to extract or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Perineovaginal medical suspension/repair - Perineovaginal repair - Uterine sacral suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing	EXCLUDING: Collagen injection, Perineovaginal repair and Sacrospinopexy
		B. External		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **			
TIME RECEIVED March 17, 2015 2:51:10 PM EDT 03/17/2015 13:47	PRINTED CSID	DURATION 139	PAGES 6
		STATUS Received	
		PAGE 01/06	

TO MRS

March 13, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please send to ER & one of us will take care of your patients. We are the only ones taking.

Sincerely,

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:50

#104 P.002/002

July 14, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

, MD

MD

Phone: _____

, MD

MD

Phone: _____

Phone: _____

**** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ****

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT
04/13/2016 18:30 FAX

DEWITT CITY

DURATION
55

PAGES
1

STATUS
Received
00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Signature]

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

Indiana State
Department of Health
An Equal Opportunity Employer



July 11, 2016

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN ST MARGARET HEALTH - DYER
24 JOLIET ST
DYER, IN 46311

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subsection (1);
- where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov
To promote and provide essential public health services.

|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the . . . is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name
40139

M, D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide coordination, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the internal female genitalia. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -A gynecological surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Cryoprecipitate -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic (MTC) -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Hysteroscopy, including diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative excluding use of resection technique (MTC) of Bartholin's cyst or perineal abscess -MTC of pelvic abscess -Incidental appendectomy -MTC of Bartholin's cyst -MTC of uterine leiomyomata -MTC of gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -MTC of Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of uterine stress incontinence; vaginal hysterectomy, retrograde urethral suspension, sling procedure, Operations for treatment of benign pelvic disease: MTC with contraindication, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Abdominal vaginal, Uterovaginal fistula, Vaginal-vaginal fistula, rectovaginal fistula repair, Vulva biopsy, Vulvectomy, Simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide coordination in female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors to pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or high forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum state, normal anesthetic and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and manual deliveries -Perineal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathy, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Vaginal delivery and repair -Vaginal delivery and repair -Vaginal delivery and repair -Anesthesia and analgesia: 1. Perineal sedation IM & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>
Obstetrics/Gynecology, AHA/CVH 2000	11	Reproductive Endocrinology Core Privileges	<p>Adult, evaluate, diagnose, treat and provide dependent or dependent consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Oocyte transfer/transfer (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, anovulation, hyperproliferation, hyperandrogenism -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>
			<p>EXPLANATION: Gamete intrafallopian (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, anovulation, hyperproliferation, hyperandrogenism -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Cwe Privileges	gametes and zygotes - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in clinical or trial female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystourethrocystostomy - Collagen injection - Pubovaginal medial suspension/repair - Perineal repair - Uterovaginal prolapse suspension - Sacrocolpopexy - Scarless vaginoplasty suspension - Multichannel urodynamic testing	oocytes - Culture and fertilization of oocytes EXCLUDING: Collagen injections, Perineal repair and Sacrocolpopexy
--	---	------------------------------	--	--

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the) is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
49601

Name

A. D.

Privileges Effective Date
4/10/2015 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Colo- privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, including carcinoma of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Myomectomy -Myometomy -Hysterectomy -Hysterectomy with pelvic lymph node dissection -Pelvic reconstruction (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gonadotropin releasing hormone -Uterine/vaginal isotope implants -Insertion of intrauterine radiation application -Salpingo-oophorectomy -Ovarioectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resection and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulas, resection and reconstruction of large bowel</p>	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-emergently treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Advised surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cervicectomy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>hysteroscopic-Hysteroscopy, diagnostic or ablative excluding use of resection technique-L&D of Bartholin cyst or perineal abscess-L&D of pelvic abscess-Incidental appendectomy-Metoprololization of Bartholin cyst-Metoprolol-Minor gynecological surgical procedures (cervical biopsy, dilation and curettage, treatment of Bartholin cyst and abscess)-Metoprolol-Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropublic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: O&C with coeliotomy, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Iliac Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, clitoral</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, consult, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amniotic infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -Hemorrhoid version of breast -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placental abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum period, normal ante-partum and post-partum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineal blocks -Repair of 3rd degree perineal lacerations or 4th degree or vaginal lacerations -Evaluation of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>Stomatognathopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other medicals of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paratotal section IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology (New Privileges)	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystoscopy/urethrotomy - Collagen injection - Pelvic organ prolapse suspension/repair - Paravaginal repair - Uterine artery embolization - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel myodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name

40360

M.D.

Privileges Effective Date

7/6/2013 thru 7/6/2017

Status

Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	7	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Cryotherapy - Colposcopy as part of gynecological procedures - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than total sterilization) - Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions - Endometrial ablation - Gynecologic sonography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysterectomy, diagnostic or ablative excluding use of resection technique - I&I of Bartholin cyst or perineal abscess - I&I of pelvic abscess - Incisional appendectomy - Metastabilization of Bartholin cyst - Metoplastic - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retroperitoneal approach, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, enterovaginal, cystovaginal, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical or incisional Hernia Repair with another gynecologic procedure, Uterine/vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACOA accredited training program in cardiothoracic surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical Systems, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the above procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon. OR 1. Successfully completed training in residency continued by the program director with a letter of support from their facility. OR 2. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. A additional proctored cases may be at the discretion of the proctor under the Credentials and Professional Standards Committee. OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical decisions that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of delivery and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and placental monitoring -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, hysterectomy -Conization -Cervical biopsy or dilation of cervix in pregnancy -Circumcision of newborn -Internal version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including forceps -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-datum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal asynclitism and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthetics and analgesic: 1. Perineal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy (Cystitis/cystostomy) - Collagen injection - Pudendal neural suspension/sling - Perineal repair - Uterine prolapse/suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13243

M.D.

Privileges Effective Date
1/10/2014 thru 1/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to control or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the urinary system. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of uterine masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy as part of gynecological procedure - Magnitude and therapeutic D&C - Diagnostic and operative laparoscopy (other than tubal sterilization) - Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions - Endometrial ablation - Gynecologic radiography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysterectomy, diagnostic or ablative including use of resection technology (R&T) of fibroid cyst or peritoneal ablation - (R&T) of pelvic abscess - Incisional appendectomy - Manipulation of Bartholin's cyst - Multiparity - Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retroperitoneal approach, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterus-sparing vaginal, Microvaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginoscopy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

history and physical exam -Amniocentesis -Amnio-
 infusion -Amniotomy or Oxytocin induction -
 Application of internal fetal and uterine monitors -
 Augmentation and induction of labor by use of
 Oxytocin -Cesarean hysterectomy, hysterop-
 section -Coniome -Cervical biopsy or cerclage of
 cervix in pregnancy -Circumcision of newborn -
 External version of breech -Hypogastric artery
 ligation -Immediate care of the newborn (including
 resuscitation and bathings) -Interpretation of fetal
 monitoring -Low or mid forceps delivery, including
 rotational -Management of high risk pregnancy
 inclusive of such conditions as pre-eclampsia, post-
 eclampsia, third trimester bleeding, intrauterine growth
 retardation, premature rupture of membranes,
 premature labor, and multiple gestation and
 placenta abnormalities -Management of patients
 with/without medical surgical or obstetrical
 complications for normal labor including mild
 toxemia, threatened abortion, normal puerperal
 period, normal accipitum and postpartum care,
 postpartum complications, fetal demise -Manual
 removal of placenta, uterine curettage -
 Medication to induce fetal lung maturity -Normal
 spontaneous vaginal delivery -Obstetrical
 diagnostic procedures, including ultrasonography
 and other relevant imaging techniques -Operative
 vaginal delivery (including forceps, vacuum
 extraction, breech extraction) -Performance of
 breech and multifetal deliveries -Pudendal and
 paracervical blocks -Repair 4th degree perineal
 lacerations or of cervical or vaginal lacerations -
 Treatment of medical complications of pregnancy
 including pregnancy induced hypertension, chronic
 hypertension, diabetes mellitus, renal disease,
 congenital heart disease, cardiac disease, anemia and
 hemoglobinopathies, thyroid disease, sexually
 transmitted disease, pulmonary disease,
 autoimmune disorders, infectious disease,
 ectopic pregnancy and other accidents of
 pregnancy, such as incomplete, uncomplete or missed
 abortion -Vaginal birth after cesarean section
 (VBAC) -Episiotomy and repair -Spontaneous
 vaginal delivery cephalic -Anesthesia and
 analgesia: 1. Paracervical sedation IM & IV; 2.
 Local; 3. Pudendal block; 4. Paracervical block

Physician Privileges

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2014 thru 6/6/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic ultrasonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or operative including use of resection technique -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incisional appendectomy -Manipulation of Bartholin's cyst -Metriplexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, cryoscopy of Bartholin's cyst and abscess) -Metriplexy -Myomectomy, abdominal, vaginal -Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or cervix -Operation for sterilization (tubal ligation) -Operation for treatment of uterine stress incontinence: vaginal approach, intrapubic urethral suspension, sling procedure -Operations for treatment for benign pelvic disease: D&C with coagulation, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy -Operation for uterine fibroid (abdominal and myomectomy) -Operative Laparoscopy for pelvic pain and infertility: Repair of ectopic, uterine, ovarian, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical) -Umbilical & Inguinal Hernia Repair with another gynecologic procedure -Uterovaginal fistula, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginoscopy, biopsy	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and Aberrant vaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hysterectomy, uterine ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cordless -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and incubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy (inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities) -Management of periods with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patients, normal antepartum and postpartum care, postpartum complications, fetal demise -Internal version of placenta, internal cephalopelvic version -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, toxoplasmosis, cardiac disease, uremia and hemochromatosis, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other incidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Perineal sedation III & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 3/03	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide postpartum or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Ovarian intrafollicular transfer (O.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of luteinization, amenorrhea, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including zona manipulation/ zona manipulation oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal anastomosis -Intra-abdominal transfer of</p>
			<p>EXCLUSIONS: Gamete intrafollicular transfer (G.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of luteinization, amenorrhea, hyperproliferation, Laparoscopic retrieval of oocytes, Ultrasonically assisted retrieval of oocytes, Technique of IVF including zona manipulation/ zona manipulation oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>genetics and cytogenetics - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pelvic/vaginal medical suspension/fixing - Perineal repair -</p> <p>Uterovaginal outpouching - Sacrospinopexy - Sacrospinous ligament suspension -</p> <p>Urinary tract dysfunction testing</p>	<p>gynecology - Culture and fertilization of oocytes</p> <p>EXCLUDING: Collagen injection, Perineal repair and Sacrospinopexy</p>
---	---	-------------------------------	--	---

21 Return

TIME RECEIVED

March 17, 2015 2:51:10 PM EDT

PRINTER CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
We are the only ones taking
care of them.

MD

MD

Phone: _____

From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:59

#104 P.002/002

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

_____, MD

Phone: _____

_____, MD

_____, MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	DATE/TIME	DURATION	PAGES	STATUS
April 13, 2016 4:27:44 PM EDT	04/13/2016 18:30 FAX	55	1	Received

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JANICE RYBA, ADMINISTRATOR
ST MARY MEDICAL CENTER INC
1500 S LAKE PARK AVE
HOBART, IN 46342

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 15:04 FAX

Physician Services

001/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M, D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, and post-operative care, necessary to normal or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Adipose surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of breast masses. -Cervical biopsy, including conization. -Colposcopy. -Colposcopy. -Colposcopy. -Cystoscopy as part of gynecological procedure. -Diagnostic and therapeutic D&C. -Diagnostic and operative Laparoscopy (other than tubal ligation). -Hysteroscopic laparoscopy. For diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis and adhesions. -Endometrial ablation. -Cervical cerclage. -Hysterectomy, abdominal, vaginal, including laparoscopic. -Hysteroscopy. -Diagnostic or ablative including use of electrocauterization. -Ligation of Bartholin's cyst or perineal abscess. -Ligation of pelvic abscess. -Incisional appendectomy. -Manipulation of Bartholin's cyst. -Metastasis. -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess). -Myomectomy. -Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or ovary. Operation for sterilization (tubal ligation). -Procedures for treatment of primary stress incontinence; vaginal approach, retropublic urethral suspension. -Piling procedures. Operations for treatment for benign pelvic disease: D&C with conization, hysterotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abdominal and hysterectomy). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Incisional Hernia Repair with another gynecologic procedure, retroperitoneal vaginal, uterovaginal fistula, Vaginal fistula, uterovaginal fistula repair. Vulvar biopsy. Vulvectomy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and hysterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

		<p>These are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cesarean -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine massage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital heart disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery -Anesthesia and analgesia: 1. Paracervical block; 2. Pudendal block; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2006	11	<p>Reproductive Endocrinology Core Privileges</p> <p>Adult, evaluate, diagnose, treat and provide important or curative consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Gonadotropin releasing hormone (GnRH) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperproliferative disorders, hyperproliferative disorders -Laparoscopic retrieval of oocytes -Ultrasonographic retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubouterine anastomosis -Intra-abdominal transfer of gametes and</p>	<p>EXCLUDING: Gamete intrafallopian (GIFT), In vitro fertilization and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperproliferative disorders, hyperproliferative disorders -Laparoscopic retrieval of oocytes -Ultrasonographic retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPR(VH) 2009	9	Urogynecology Core Privileges	<p>gametes and oocytes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in control of fetal disease patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystourethrectomy - Colposcopy - Papanicolaou smears - Pelvic ultrasound - Paravaginal repair - Uterine artery embolization - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamics testing</p>	<p>Oocytes - Culture and fertilization of oocytes</p> <p>PRC(1) HMMK Collagen injections, Paravaginal repair and Sacrocolpopexy</p>
--	---	-------------------------------	---	---

06/10/2016 PM 15:05 FAX

Physician Services

0005/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
49601

Name

A. D.

Privileges Effective Date
6/16/2015 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. Chemotherapy - Lymphadenectomy (inguinal, thoracic, pelvic, para-aortic) - Microsurgery - Myometrial flap, skin grafting - Deep pelvic and pelvic lymph node dissection - Pelvic exenteration (anterior, posterior, total) - Radical hysterectomy, vulvectomy and staging by lymphadenectomy - Radical surgery for treatment of gynecological malignancy to include procedures on bowel, uterus, bladder, as indicated - Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery - Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection - Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease - Uterine/vaginal intrauterine implants - Insertion of intracavitary radiation application - Salpingo-oophorectomy - Ovarioectomy - Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. Adrenal surgery, including ovarian cystectomy, nephrectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cryotherapy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative laparoscopy (other than tubal sterilization) - Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions - Endometrial ablation - Gynecologic angiography - Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

		<p>Laparoscopic - Hysteroscopy, diagnostic or ablative excluding use of resection technique - L&D of Bartholin cyst or perineal abscess - L&D of pelvic abscess - Incidental appendectomy -</p> <p>Multiplication of Bartholin cyst - Metoplastic -</p> <p>Minor gynecological surgical procedures (cervical biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease; U&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal uterine dysfunction),</p> <p>Operative laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>
<p>Obstetrics & Gynecology APPROVED 2009</p>	1	<p>Obstetrics Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. - Marking of history and physical exam - Amniocentesis - Amnioinfusion - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Caesarean hysterectomy, cesarean section - Cervical biopsy or dilatation of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and stabilization) - Interpretation of fetal monitoring - Low or mid forceps delivery, including rotational - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications the normal labor including mild breech, threatened abortion, normal postpartum patients, normal antepartum and postpartum care, postpartum complications, fetal deaths - Manual removal of placenta, uterine curettage - Medication induced fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and paracervical blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Evaluation of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital defects, various diseases, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>Neurogastroenterics, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as miscarriage, molar pregnancy, stillbirth - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthetics and analgesic: 1. Peridural sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
<p>Obstetrics/Gynecology APPROVED 2009</p>	N	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to control or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystostomy/cystostomy - Collapsor injection -Pudendal neural suspension -Paravaginal repair -Uterosacral suspension -Sacroscolopocry -Scansplastic suspension -Multifunctional urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID NAME
40360

M.D.

Privileges Effective Date
7/6/2013 thru 7/6/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, examine, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the gastrointestinal system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Culdocentesis -Colpocleisis -Colposcopy as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection techniques -I&I of Bartholin's cyst or perineal abscess -I&I of pelvic abscess -Incisional appendectomy -Mastopexy/ablation of Bartholin's cyst -Metopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for correction of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disorder, D&C with contraception, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, cystocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine at myometrial Hysterectomy Repair with another gynecologic procedure, Uterine vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Must have formal training: successful completion of an ACGME/ACCME accredited training program in cardiovascular surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, head/neck surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedure. 4. Documentation of satisfactory completion of the IMA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon. OR 1. Successfully completed training in residency conferred by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data for the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee. OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Perforations of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterotomy -Cervical biopsy or cinchoid of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Integritation of fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and infants abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal spontaneous and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Perforations of breech and multifetal deliveries -Palatal and para-cervical blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - Prevention of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Perineal block	
Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy - Cystoscopy/cystostomy - Collagen injection - Pubovaginal urethral suspension/fixing - Paravaginal repair - Uterosacral ligament suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Gynecological Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of trophoblastic tissue -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Hysteroscopic ablation -Hysteroscopic myomectomy -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative including use of resection technique -LAP of Bartholin cyst or perineal abscess -LAP of pelvic abscess -Incisional appendectomy -Marsupialization of Bartholin cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retroperitoneal urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral or bilateral Hysterectomy Repair with another gynecologic procedure, Uterus-sparing vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	
Gynecological Gynecology APPROVED 2009	1	Obstetrics Care Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

History and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of external fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterical section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -Distal resection of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interruption of fetal monitoring -Low or mid forceps delivery, including breech -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, placenta rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications in normal labor including mild burning, threatened abortion, normal postpartum period, normal accretion and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital heart disease, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombotic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, incomplete or missed abortion -Vaginal birth after cesarean section (VBAC) -Unassisted and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal anesthesia IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block

Physician Privileges

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admin, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same technology and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoclasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic D&C -Diagnosis and operative Laparoscopy (other than total hysterectomy) -Diagnostic laparoscopy, for diagnosis and treatment of pelvic pain, pelvic masses, leiomyomata, endometriosis and adhesions -Endometrial ablation -Gynecologic proctography -Hysteroscopy, abdominal, vaginal, including laparoscopy -Hysteroscopy, diagnostic or operative including use of resection technique -I&D of Bartholin cyst or perianal abscess -I&D of pelvic abscess -Intrauterine approach -Manipulation of Bartholin cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Myomectomy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence; vaginal approach. Intrauterine uterine suspension, ring procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectovaginal, cystocele, or pelvic prolapse, (tuboplasty and other infertility surgery, not interventional). Uterine & hysterical Hernia Repair with another gynecologic procedure. Uterovaginal fistula, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple</p>	<p>EXCLUDING: Vaginal Hysteroscopy, including hysteroscopy and Uterovaginal fistula</p>
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admin, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical therapies</p>	<p>EXCLUDING: Uterovaginal fistula</p>

Physician Privileges

			<p>that are complicating factors in pregnancy. The nine privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Paritytome of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intrapartum fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy (inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, preterm rupture of membranes, postpartum hemorrhage, and multiple gestation and placenta abnormalities) -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patients, normal interpartum and postpartum care, postpartum complications, fetal distress -Manual removal of placenta, uterine curettage -Medications induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Perforation of breech and umbilical deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital anomalies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal sedation 2. IV, 3. Local, 4. Epidural Block, 5. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Adopt, evaluate, diagnose, treat and provide treatment or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic intrafallopian transfer (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, endometriosis, hyperproliferation, -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubularization -Intra-abdominal transfer of</p>

EXCLUDING: Genetic intrafallopian (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, endometriosis, hyperproliferation, -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, Intra-abdominal transfer of gametes and

03/17/2016 13:47

Physician Privileges

PAGE 86/86
Page 3 of 3

			Spermatozoa and oocytes - Culture and fertilization of oocytes	Spermatozoa - Culture and fertilization of oocytes
*Obstetrical Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to assess or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystostomy/cystostomy - Collagen injection - Robotic vaginal medial suspension/tilting - Paravaginal repair - Ovarian/ovarian suspension - Sacrospinous ligament suspension - Multichannel urodynamics testing</p>	<p>EXCLUDING: Collagen injection, Paravaginal repair and Sacrospinous</p>

21 Submit

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED March 17, 2015 2:51:10 PM EDT	REMOTE CSID	DURATION 139	PAGES 6	STATUS Received
03/17/2015 13:47				PAGE 01/06

TO MRS

March 13, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please send to ER & one of us will take care of your patients. We are the only ones taking care of you.

Sincerely,

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P,002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

MESSAGE FROM

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:50 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____.

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MATT BALLA, ADMINISTRATOR
ST VINCENT DUNN HOSPITAL INC
1600 23RD ST
BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ and _____

If the covering GYN physician at the _____ of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.

Formatted: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

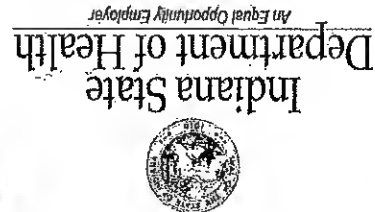
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



6

July 11, 2016

KRISTI BLEDSOE, ADMINISTRATOR
ST VINCENT FRANKFORT HOSPITAL INC
1300 S JACKSON ST
FRANKFORT, IN 46041

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
 - (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1);where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

6/10/2016

Verification Letter

MEDICAL STAFF MEMBERSHIP OR AFFILIATION
PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HFA. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in
admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

July 11, 2016

JOEL FELDMAN, ADMINISTRATOR
ST VINCENT HOSPITAL & HEALTH SERVICES
2001 W 86TH ST
INDIANAPOLIS, IN 46260

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

3-1-14
Date

3-1-14
Date

:MD



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date _____

3.1.14

MD _____

Date _____

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient,

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

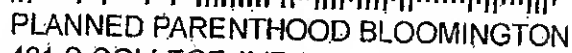
Date

7/7/2014

MD

Date

July 7, 2014



BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DO

Dear Sir/Madam:

_____ is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PFCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

Ind.

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 16 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Planned Parenthood of Indiana

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at [redacted] and [redacted]. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at [redacted]. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate cell back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

RAYMOND INGHAM, ADMINISTRATOR
WITTHAM HEALTH SERVICES
2605 N LEBANON ST
LEBANON, IN 46052

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2-10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

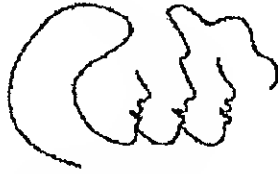
3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

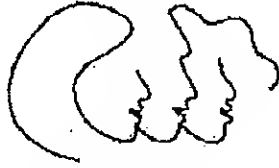
Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:)

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

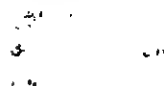
Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that , M.D., does have admitting privileges at : He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____) _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at [redacted] and [redacted]. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at [redacted]. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D. does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Counseling of Indiana Inc. d/b/a
CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011133-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
8645 CONNECTICUT ST
MERRILLVILLE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011116-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
421 S COLLEGE AVE
BLOOMINGTON, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011117-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
8590 GEORGETOWN RD
INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011118-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC - LAFAYETTE d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC -
964 MEZZANINE DR
LAFAYETTE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-013765-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Women's Med Group Professional Corporation d/b/a
WOMEN'S MED GROUP PROFESSIONAL CORPORATION
1201 N ARLINGTON AVE
INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011128-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION